

ROUTING SLIP FOR INVOICES

DATE December 20, 2017

CONTRACTOR FVRI

CFMS 2000234086

MONTH OF SERVICE November-2017

TO Trusclair

INITIAL REVIEW CT

DATE 12/28/17

FSPS2 REVIEW

DATE

Program Manager 1/2 DL

DATE 1/10/18

POSTED TO SPREADSHEET

SENT TO FISCAL 1/10/2018 EQUIPMENT TO BE TAGGED?

ADVANCE RECOUPMENT?

COMMENTS:

1/10/18 - Adjusted Lodging for Charles Thomas from \$98.10 to \$97.00



Economic Stability
Division of Programs
627 North 4th Street
Baton Rouge, LA 70802

(O) 225.342.4051
(F) 225.342.2536
www.dcfia.gov

John Bel Edwards, Governor
Marketa Garner Walters, Secretary

December 28, 2017

MEMORANDUM

TO: OM&F Fiscal
Contract Payments

FROM: 
Dora Thomas
Program Manager

RE: Invoice for payment
PO #2000234086
Family Values Resource Institute

Please find attached an invoice for payment.

If you have any questions, contact Charlene Trusclair (225) 342-5004.

DT/ct

Attachment



DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Cost Reimbursement Invoice Form

Received

DEC 20 2017

Family Values Resource Institute, Inc.
Contractor Name
7515 Scenic Highway
Mailing Address
Baton Rouge, LA 70807
City, State, Zip
- Barbara Thomas / 225-359-9001
Contact Person/Telephone Number

NOVEMBER 2017
Service Period
2000234086
Contract/CFMS#
NOVEMBER 2017
Invoice Number
234086-1117

DCFS
Economic Stability

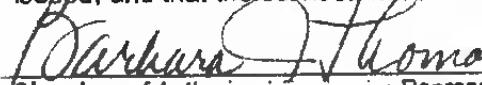
EXPENDITURES

EXPENDITURE CATEGORY (A)	APPROVED BUDGET (B)	CURRENT PERIOD EXPENDITURES (C)	PRIOR PERIOD EXPENDITURES (D)	CUMULATIVE EXPENDITURES (E)	REMAINING CONTRACT BALANCE (F)	COST SHARING (G)
PERSONNEL	\$172,500.00	\$14,374.99	\$57,499.94	\$71,874.93	\$100,625.07	
FRINGE BENEFITS	\$22,235.25	\$1,099.68	\$4,929.13	\$6,028.81	\$16,206.44	
TRAVEL	\$1,000.00	286.71	\$287.82	\$571.57	\$859.39	\$140.61
OPERATING SERVICES	\$52,564.75	\$3,374.43	\$18,310.82	\$21,685.25	\$30,879.50	
SUPPLIES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
PROFESSIONAL SERVICES	\$63,900.00	\$4,309.72	\$17,922.31	\$22,232.03	\$41,667.97	
OTHER CHARGES	\$216,000.00	\$15,400.00	\$55,200.00	\$70,600.00	\$145,400.00	
EQUIPMENT/ACQUISITIONS	\$1,000.00	\$1,000.00	\$0.00	\$1,000.00	\$0.00	
INDIRECT COST	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTALS	\$529,200.00	CT \$39,846.64	\$154,433.77	\$194,280.41	\$334,919.59	\$0.00

39.84554

Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.



Representative and Title

12/15/17

Date

O • C

FOR DCFS USE ONLY

1	Obj	Rep Cat	Sub Obj	ACTV
1	3740	5071		
1	Obj	Rep Cat	Sub Obj	ACTV
1	14,374.99	+ Obj	Rep Cat	Sub Obj
1	1,099.68	+ Obj	Rep Cat	Sub Obj
1	286.72	+ penditures have been reviewed in accordance with contract and program guidelines		
1	3,374.43	+ ave been received.		
1	4,309.72	+ Obj	Rep Cat	Sub Obj
1	15,400.00	+ Obj	Rep Cat	Sub Obj
1	1,000.00	+ Obj	Rep Cat	Sub Obj



Date

007

1

39.845546+



DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Cost Reimbursement Invoice Form

FINANCIAL REPORTING INSTRUCTIONS

Column A - Expenditure Category – Enter the expenditure categories required by the contract.

Column B – Approved Budget – Enter the approved budget for the current contract term for the budget categories approved in the contract.

Column C – Current Period Expenditures – Enter the expenditures incurred and paid for the current reporting period.

Column D – Prior Period Expenditures - Enter the cumulative expenditures reported and reimbursed for all periods prior to, but not inclusive of the current reporting period.

Column E – Cumulative Expenditures To Date – Enter the total costs to date. Cumulative Expenditures To Date equals Current Period Expenditures + Prior Period Expenditures. (Column E = Column C + Column D)

Column F – Remaining Balance – Enter the difference between the Approved Budget Amount and the Cumulative Expenditures To Date. (Column F = Column B – Column E)

Column G – Cost Sharing – The portion of the project costs not borne by DCFS in the form of Local Costs, Matching Funds or In-kind Contributions. If applicable Cost Sharing requirements must be in accordance with the approved contract.

Personnel – Salaries and wages provided for all persons directly employed by the contractor.

Fringe Benefits – Employment benefits in addition to salaries and wages (i.e., health insurance, retirement, FICA, Medicare taxes, etc.)

Travel – Expenditures for training and travel for contract related purposes as authorized in the contract and in accordance with State of Louisiana Travel Policies and Procedures (PPM 49) unless otherwise stated in the contract such as, registration fees, mileage, meals, lodging, etc.

Operating Services – Expenditures, other than personal or professional services, required in the operation of the contract. Operating services include, but are not limited to, expenditures such as advertising, utilities, telephone services, printing, insurance, maintenance, rentals, dues and subscriptions, and communication services.

Supplies – Expenditures for articles and commodities which are consumed, to be consumed, or materially altered when used in the operations of a business.

Professional Services – Expenditures for services provided in specialized or highly technical fields by sources outside of the contractor. Professional services include accounting and auditing, management consulting, engineering and architectural, legal, medical and dental.

Other Charges – Expenditures peculiar to a contractor and not otherwise chargeable to another expenditure category. Expenditures for other charges must be identified and approved in the contract and budget documents.

Equipment/Acquisitions – Tangible assets purchased for use in the operations of an office such as office machines and furniture. Costs include purchase price, delivery charges, taxes, and other purchase related costs.

Indirect Costs – Generally, indirect costs are defined as administrative or other expenses that are not directly allocable to a particular activity or project; rather they are related to overall general operations and are shared among projects and/or functions.

Family Violence Resource Institute, Inc.	FY 18	Budgeted	Expended	Remaining	July-17	July-17 Supp	Aug-17	Aug-17 Supp	Aug-17 Supp	Aug-17 Supp	Aug-17 Supp	
Personnel												
Project Manager, Bilingual Therapist 80%		45,000.00	14,750.00	30,250.00	0.00	3,750.00	0.00	3,331.34	0.00	0.00	0.00	3,1
Project Administrator, Michael Parra 60%				14,664.70	2,231.44	0.00						2,3
Education Specialist, Alison Parra 100%				14,583.57	2,081.57	0.00						2,2
Community Officer, Bill Thompson, Trishia Davis 70%		24,501.00	10,308.31	14,291.69	2,041.68	0.00	2,041.67	0.00	0.00			2,0
Child Entry Specialist, Pamela Brown 100%				25,000.00	10,416.64	1,530.36	2,051.39	0.00	2,051.33	0.00		2,0
Child Services Coordinator, Shelly Walker 100%				17,250.00	17,250.00	0.00	14,575.00	0.00	0.00			14,5
Child Safety												
Child Safety												
Project Director, Bilingual Therapist 60%				3,801.50	1,322.59	4,277.51	575.57	0.00	328.56	0.00		2
Project Administrator, Michael Parra 60%				3,609.50	980.40	2,621.30	265.92	0.00	171.52	0.00		1
Education Specialist, 100%				3,122.50	882.57	2,340.43	347.77	0.00	357.77	0.00		1
Community Officer, Chisel Thompson, Trishia Davis 70%				3,158.25	472.52	2,385.53	244.58	0.00	354.19	0.00		3
Data Entry Specialist, Pamela Brown 100%				3,277.50	885.15	2,397.25	247.71	0.00	337.37	0.00		3
Child Services Coordinator, Shelly Walker 100%				3,322.50	885.25	2,387.25	247.71	0.00	352.37	0.00		3
Child Safety				22,158.25	6,078.50	16,080.41	1,629.16	0.00	1,600.06	0.00		1,6
Total Expenses				0.00	0.00	0.00	0.00	0.00	0.00	0.00		
Travel Expenses				600.00	496.18	109.32	0.00	0.00	0.00	0.00		
Conference Travel				402.00	268.72	118.28	0.00	0.00	0.00	0.00		
Flight Travel				1,500.00	782.00	207.10	0.00	0.00	0.00	0.00		
Total Travel				1,500.00	782.00	207.10	0.00	0.00	0.00	0.00		
Child Safety												
Operating Services												
Building Rent				14,800.00	6,000.00	8,400.00	1,200.00	0.00	1,200.00	0.00		1,20
Utilities				1,800.00	1,161.05	304.05	186.91	0.00	284.45	0.00		23
Telephone				3,000.00	1,230.00	1,780.00	200.00	0.00	280.00	0.00		23
Maintenance				10,244.00	2,945.75	6,118.24	572.02	0.00	282.00	0.00		21
Advertising (Bench Signs & other advertising outlets)				3,000.00	2,000.00	5,000.00	0.00	0.00	0.00	0.00		1,000.00
Printing				3,200.00	584.70	315.91	244.13	0.00	133.22	0.00		1,20
Copier Lease				2,350.40	964.50	5,378.90	156.50	0.00	186.90	0.00		19
Postage				985.95	264.18	670.76	26.50	0.00	24.65	0.00		2
Office Supplies				3,000.00	572.44	2,427.55	0.00	0.00	0.00	0.00		
Service Provider Training				250.00	0.00	250.00	0.00	0.00	0.00	0.00		
Internet				900.00	375.00	525.00	0.00	0.00	75.00	0.00		7
Electronic Payment Transaction Fees				3,294.00	1,118.95	1,185.15	275.00	0.00	211.94	0.00		21
Health Insurance				1,000.00	1,077.00	182.10	214.66	0.00	0.00	322.41		22
Online Client Database				4,100.00	2,250.00	6,650.00	260.00	0.00	280.00	0.00		1
Total Operating				51,944.75	25,685.38	31,078.50	3,581.48	0.00	5,388.06	0.00	324.31	3,000.00
Professional												
Evaluator				10,800.00	5,900.00	5,900.00	1,700.00	0.00	900.00	0.00		90
Public Relations				9,800.00	3,800.00	6,900.00	0.00	0.00	400.00	0.00		80
Auditor				11,500.00	0.00	11,500.00	0.00	0.00	0.00	0.00		0
Bank				0.00	0.00	0.00	0.00	0.00	0.00	0.00		0
Accounting Bookkeeping Services				12,000.00	13,272.05	13,247.67	1,301.15	0.00	2,000.72	0.00		3,05
Legal Professional				13,900.00	13,900.00	13,900.00	0.00	0.00	0.00			0.00
Equipment (3 required)				1,000.00	1,000.00	1,000.00	0.00	0.00	0.00			0
Other Expenses				21,000.00	69,000.00	14,600.00	13,200.00	0.00	13,200.00	0.00		12,20
Subscriptions												
Total Other Expenses				21,000.00	70,000.00	14,600.00	13,200.00	0.00	13,200.00	0.00		12,20
Total				100,000.00	52,200.00	35,200.00	3,581.48	0.00	3,581.48	0.00		3,581.48

July figures original amount submitted

Worthen's Compo \$2,000.47/line item per staff

1,099.46

DEPARTMENT OF Children and Family Services
 OFFICE OF FAMILY SUPPORT MONTHLY BILLING FORM
 Alternatives to Abortion

CFMS: 2000234086

CONTRACTOR: Family Values Resource
 Institute, Inc.
 ADDRESS: 7515 Scenic Hwy.

Rep. Cat. 5071
 Org. 4274

Baton Rouge, La. 70807

MONTH AND YEAR OF
 SERVICE: NOVEMBER
 2017

PHONE: 225-359-9001

D.C. tomas

CON

CK	sonnel Services	
		\$ 3,750.00
		\$ 2,333.34
		\$ 2,083.33
		\$ 2,041.66
		\$ 2,083.33
		\$ 2,083.33
		\$ 1,099.68
002	SUBTOTAL	\$ 15,474.67

OTHER EXPENSES:

Rent	\$ 1,200.00
Utilities	\$ 207.61
Printing	\$ 0.00
Copier Lease	\$ 196.90
Travel	\$ 287.82
Postage	\$ 0.00
Office Supplies	\$ 0.00
Service Provider Trn.	\$ 250.00
Telephone	\$ 75.00
Internet	\$ 250.00
Online Client Database	

This completed form and supporting documentation is due to the following address by the 15th of the month following services:

Dept. of Children and Family Services
P.O. Box 94065
Baton Rouge, LA 70804-9065
ATTN: Candice Kinney 5th Floor – 5-300-24

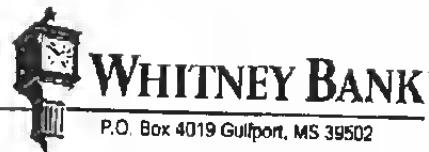
FOR DSS USE ONLY

INVOICE # _____

Reviewed and Approved: _____

Date _____

DCFS Contract Services Representative Signature _____



Page: 1 of 1

Statements Dates
11/01/2017 - 11/30/2017

Return Service Requested

1 110000001

FAMILY VALUES RESOURCE INSTITUTE INC
RESTRICTED FUNDS
P O BOX 74403
BATON ROUGE LA 70874

Account Number:

Images:
0

***ZERO CHECKS* EO**

**WE'RE READY TO LEND WITH GREAT RATES ON PERSONAL LOANS.
TO APPLY CALL 1-800-965-LOAN. NORMAL CREDIT CRITERIA APPLY.**

***** CHECKING ACCOUNT SUMMARY *****

Checking Account Summary

PREVIOUS BALANCE

+ 8 CREDITS
- 6 DEBITS
- SERVICE CHARGES
+ INTEREST PAID

ENDING BALANCE

AVERAGE BALANCE

988.87

YTD INTEREST PAID
.00

***** CHECKING ACCOUNT TRANSACTIONS *****

• Deposits and Other Credits

Date	Amount	Description	Date	Amount	Description
------	--------	-------------	------	--------	-------------

110000001

• Other Debits

Date	Amount	Description	Date	Amount	Description
------	--------	-------------	------	--------	-------------

11/29 6,692.93 PAYROLL PAYCHEX INC.
↑ 017332007412715CCD

11/30 payroll

11/14 6,692.98 PAYROLL PAYCHEX INC.

11/15 payroll
• **Balance By Date**

Date	Balance	Date	Balance	Date	Balance	Ref
------	---------	------	---------	------	---------	-----

DEC 20 2017

DEPT
ECONOMIC STABILITY

PAYROLL JOURNAL

EMPLOYEE NAME
ID

HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS						
DESCRIPTION		RATE	INDURS	EARNSHDS	REIMB & OTHER PAYMENTS	WITHHOLDINGS
EMPLOYEE TOTAL						DEDUCTIONS
Davis, Allison				1,041.67		
37 Education Specialist						
Davis, Talisha						
48 Compliance Coordinator						
Ferris, Michael A						
5 Project Director						
7 Price, Hershey W						
Thomas, Barbara J						
11 Walker, Shirley						
12 Client Services Coordinator						
100 STAFF BI-WEEKLY TOTALS						
7 Person(s)						
7 Transaction(s)						
Fvri	LAL Hours					
14.00	1,206.73					
7.18451						
Social Security	\$20.45	STD Post-Tax	48.00	Net Pay	1,616.73	NET PAY ALLOCATIONS
Medicare	121.4			Check Amt	0.00	
Fed Income Tax				Chkg 0017	802.11	
LA Income Tax				Chkg 3799	911.01	
Social Security				Chkg 0014	1,141.63	
Medicare						
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PAYROLL JOURNAL

EMPLOYEE NAME

8

DESCRIPTION		HOURS	EARNS	REMS & OTHER PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
100 STAFF BI-WEEKLY TOTAL		1400	8,394.24				
***** 300 1099 Isaac, Latosha S (IC) 38							
1099 Misc Comp							
1099 Misc Comp							
EMPLOYEE TOTAL							
300 1099 TOTAL							
COMPANY TOTALS							
8 Person(s) 8 Transaction(s)							
Fvn LAL Hours		1400	1,206.73				
1099 Misc Comp			7,187.51				
COMPANY TOTAL		1400	8,394.24				
TOTAL EMPLOYER LIABILITY							
TOTAL TAX LIABILITY			2,128.46				
(IC) = Independent Contractor							

(IC) = Independent Contractor

0060 0000-TR41 Family Values Resource Institute Inc

EMPLOYEE NAME

6

FAYKOLL JOURNAL

PAYROLL JOURNAL

EMPLOYEE NAME
ID

HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS					WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			
100 STAFF BI-WEEKLY TOTAL		14.00	8,394.21				
**** 300 1099							
Isaac, LaTosha S (IC)							
36							
1 Person(s)							
1 Transaction(s)							
300 1099 TOTALS							
EMPLOYEE TOTAL							
1099 Misc Comp							
1099 Misc Comp							
300 1099 TOTAL							
COMPANY TOTALS							
8 Person(s)							
8 Transaction(s)							
Fvri							
LAL Hours							
1099 Misc Comp							
COMPANY TOTAL							
14.00							
14.00							
7,187.48							
Social Security							
Medicare							
1,666.67							
Fed Income Tax							
LA Income Tax							
222.00							
1,666.67							
Employer Liabilities							
Social Security							
Medicare							
520.44							
121.71							
1,476.23							
TOTAL EMPLOYER LIABILITY							
TOTAL TAX LIABILITY							
642.15							
2,120.38							

(IC) = Independent Contractor



Fringe Payment: 941 - 11/15/17 Payroll

Transactions Details

Posting Date	11/22/2017
Transaction Date	11/22/2017
Description	USATAXPYMT IRS-112217
Transaction Type	Debit
T/C	0036
Amount	\$1,898.38
Balance	

IMPORTANT REMINDERS

PAYCHEX, INC.
401 WHITNEY AVENUE SUITE 200
GRETNIA LA 70056
(844) 729-9247

Soc Sec and Med and Federal Withholding Tax

REPLACEMENT NOTICE

EFT/PS Mandated: Initiate new 941 EFT deposit for the specified quarter at least one banking day before the due date.
Non-mandated: Initiate a 941 payment for the specified quarter at www.eftps.gov at least one banking day before the due date.

Deposit Period:	11/15/17 - 11/17/17	Employee Social Security	520.43
Amount Due:	\$1,898.38	Employee Medicare	121.70
Due Date:	11/22/17	Employer Social Security	520.44
Quarter	4	Employer Medicare	121.71
		Federal Withholding	614.10

Date Paid: 11/20/17 (Post Date)
Check Number: PL. Online
Federal ID: 72-1415039
Last Check Date: 11/15/17



0060-0060T846-002-317-1453

0060-7846

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 74403
BATON ROUGE LA 70874-4403

IRS



0060-0060T846-002-317-1453

Fringe Payment: 941 - 11/30/17 Payroll



Transactions Details

Posting Date	12/06/2017
Transaction Date	12/06/2017
Description	USATAXPYMT IRS 120617
Transaction Type	Debit
T/C	0036
Amount	\$1,898.46
Balance	

Fringe: 941 payment - 11/30/17 Payroll

TAXPAYER NAME: FAMILY VALUES RESOURCE INSTITUTE

TIN: xxxx5039

Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

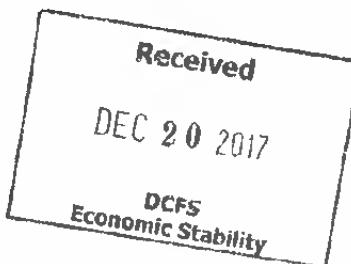
REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:	270774021410902
-----------------------------	-----------------

PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only

Payment Information	Entered Data
Taxpayer EIN	xxxx5039
Tax Form	941 Employers Federal Tax
Tax Type	Federal Tax Deposit
Tax Period	Q4/2017
Payment Amount	\$1,898.46
Settlement Date	12/06/2017
Subcategories:	
1 Social Security	\$1,040.89
2 Medicare	\$243.45
3 Tax Withholding	\$614.12
Account Number	xxxx0000
Account Type	CHECKING
Routing Number	065400153
Bank Name	WHITNEY BANK



Frangie : 441 Payment - 11/30/2017 Payper

IMPORTANT REMINDERS

PAYCHEX, INC.

401 WHITNEY AVENUE SUITE 200
GRETNNA LA 70056

(844) 729-9247

Soc Sec and Med and Federal Withholding Tax

EFTPS Mandated: Initiate new 941 EFT deposit for the specified quarter at least one banking day before the due date.
Non-mandated: Initiate a 941 payment for the specified quarter at www.eftps.gov at least one banking day before the due date.

Deposit Period:	11/29/17 - 12/01/17	Employee Social Security	520.45
Amount Due:	\$1,888.46	Employee Medicare	121.74
Due Date:	12/06/17	Employer Social Security	520.44
Quarter:	4	Employer Medicare	121.71
		Federal Withholding	614.12
<i>1st 4 of the 941 paid online</i>		Federal ID:	72-1415C39
Last Check Date:			11/30/17

- *** You are scheduled to report your next payroll on Wed 12/13/17.
- *** In compliance with the Federal Depository rules, your federal deposit frequency is Semi-weekly. Please verify with your deposit frequency information notice from the IRS. If the frequency is different, notify your Payroll Specialist immediately.
- *** Payments made by EFT must be initiated one day prior to the due date.



0060-0060T846-002-331-1428

0060-7846

FAMILY VALUES RESOURCE INSTITUTE INC

INSTITUTE INC
PO BOX 74403

BATON ROUGE LA 70874-4403

IRS



0060-0060T846-002-331-1428



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Barbara Thomas Month/Year: Nov-17

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project: Work Performed	LA Alliance for Life - Project Director - % of Time
Develop/Maintain relationships with Partner Pregnancy Centers	10%
Supervise program operations for the Women's Help Center	15%
Counsel Women at the Women's Help Center (Emergency situations only)	0%
Compliance: Oversee compliance for all subcontractors	20%
Compliance Visits & Training	15%
Worked close with Program Evaluator to implement evaluation plan	5%
Review and approve timesheets, employee absences, etc.	5%
Review and approve financial transactions, i.e., vendor and subcontractor payments, etc.	10%
Primary spokesperson and media representative for LA Alliance for Life (LAL)	5%
Staff Meetings	5%
Total % of Time on Project:	90%
Sponsored Project: Work Performed	Family Values Resource Institute, Inc. % of Time
Attending Board Planning Meetings	
Staff/Meeting Training	
Fundraising Planning	
Total % of Time on Project:	10%

Barbara Thomas
Employee Signature

11/30/17

Date

Gail Hollins
Approval Signature: Gail Hollins, FVRI Board Vice President

11/30/2017

Date



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Nome: Allison Davis

Month/Year: November 2017

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is on employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project:	LA Alliance For Life
List Major Work Performed	% of Time
Client data entry	25%
Taught individual prenatal classes	55%
Followed up with clients over the telephone	20%
</	

Sponsored Project:	
List Major Work Performed	% of Time
Total % of Time on Project:	

Sponsored Project:	
<i>List Major Work Performed</i>	<i>% of Time</i>
Total % of Time on Project:	



Employee Signature

12/11/2017

Date

Employee Signature

Approval Signature

12/11/17
Date



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Michael Ferris

Month/Year: November 2017

Provide a breakdown of your responsibilities for this month. Keep in mind:

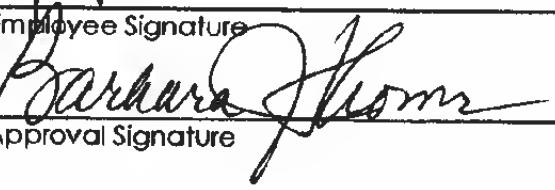
1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

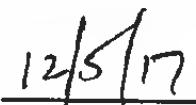
Sponsored Project:		Louisiana Alliance For Life
List Major Work Performed		% of Time
Collect, Review and Approve Subcontractor Reimbursements		40%
Fielding and Answering Calls and emails from Subcontractors		30%
Worked with CENLA PC as they prepare to open		20%
Worked with Crossroads in transferring their Database		10%
Total % of Time on Project:		100%

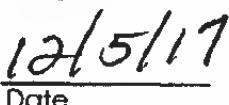
Sponsored Project:		Louisiana Alliance For Life - continued
List Major Work Performed		% of Time
Total % of Time on Project:		100%

Sponsored Project:		
List Major Work Performed		% of Time
Total % of Time on Project:		


Employee Signature


Approval Signature


Date


Date



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Patricia Brown

Month/Year: Nov-17

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project:	Louisiana Alliance For Life
List Major Work Performed	% of Time
Data Entry - Enter client data into database; Prepare and submit monthly reports	50%
Receptionist Duties - Answer phone and schedule appointments	25%
Counseling - Give pregnancy test and referrals based on need, complete TANF paperwork	25%

Sponsored Project:	
List Major Work Performed	% of Time
Total % of Time on Project:	

Sponsored Project:	
List Major Work Performed	% of Time
Total % of Time on Project:	

Employee Signature

12-11-17
Date

— *W. W. W.*

12-11-17
Date



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Shirley Walker

Month/Year: Nov-17

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project:

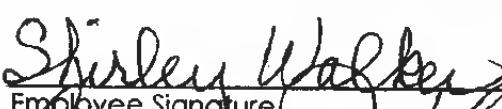
List Major Work Performed	% of Time
Counseling: Consult w/ clients, give pregnancy tests & complete TANF paperwork	75%
Coordinate client services such as scheduling, referral information, chart preparation, answering phones, etc...	10%
Supervise front office, train counselors and volunteers; Assist counselors w/ questions	10%
Total % of Time on Project:	

Sponsored Project:

List Major Work Performed	% of Time
regarding client services, paperwork, etc.. ; Assist with Quarterly mailout	
Keep track of supplies needed for client services such as pregnancy tests, cups & charts	5%
Total % of Time on Project:	

Sponsored Project:

List Major Work Performed	% of Time
Total % of Time on Project:	


Employee Signature

12/14/17
Date


Approval Signature

12/14/17
Date



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Talisha Davis

Month/Year: Nov-17

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project:		LA Alliance For Life
List Major Work Performed		% of Time
New Center Site Visit & Training		15
Communication w/ Sub-Contractors- questions & expectations		10
Compliance Reviews & Meeting w/ Program Evaluator (forms & documentation)		25
Way Cool Database Compliance & Updates		20
		Total % of Time on Project: 70
Sponsored Project:		Family Values Resource Institute
List Major Work Performed		% of Time
Counseling Clients - Pregnancy Testing & providing referrals as needed		10
Work with student mentee on project & research paper		15
Board Meeting & Preparation		5
		Total % of Time on Project: 30
Sponsored Project:		
List Major Work Performed		% of Time
		Total % of Time on Project:

Talisha Davis
Employee Signature
Barbara Horn
Approval Signature

12/14/17
Date
12/14/2017
Date

Fringe: 941 payment - 11/15/17 Payne
TAXPAYER NAME FAMILY VALUES RESOURCE INSTITUTE

TIN: xxxx5039

Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER: [REDACTED]

PLEASE NOTE

Any amounts represented in the subcategones of Social Security, Medicare, and Income Tax Withholding are for informational purposes only

Payment Information	Entered Data
Taxpayer EIN	xxxx5039
Tax Form	941 Employers Federal Tax
Tax Type	Federal Tax Deposit
Tax Period	Q4/2017
Payment Amount	\$1,898.38
Settlement Date	11/22/2017
Subcategories:	
1 Social Security	\$1,040.87
2 Medicare	\$243.41
3 Tax Withholding	\$614.10
Account Number	xxxx0000
Account Type	CHECKING
Routing Number	[REDACTED]
Bank Name	WHITNEY BANK

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-w
eekly
EE ID: 11 DD

BARBARA J THOMAS
7081 MODESTO AVE
BATON ROUGE LA 70811

Project Director

O.C

90%

2,083.34 +
2,083.34 +
4,166.68 x

90 •	%	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
3,750.01	*	Frvi			208.34		4343.41
		AL Hours			1875.00		39089.93
		Fpp					
3,750.01	x	Total Hours					
7.65	%	Gross Earnings			2083.34		43433.34
286.88	*	Total Hrs Worked					
DESCRIPTION		DESCRIPTION	FILING STATUS		THIS PERIOD (\$)		YTD (\$)
Check Amount	THIS PERIOD (\$)	Social Security			129.17		2692.87
Chkg 0016	YTD (\$)	Medicare			30.20		629.78
NET PAY	1616.70	Fed Income Tax	M 1		194.27		4163.41
	34087.28	LA Income Tax	S 0 1		65.00		1428.00
DEDUCTIONS	DESCRIPTION				TOTAL		8914.06
	STD Post-Tax					48.00	432.00
					TOTAL		432.00

Salary

Stub1 2083.34

Stub2 2083.34

4166.68

x 90%

\$ 3750.00

1
grant
amt.

Fringe

3750.00

x 7.65%

\$ 286.88

1
grant
amt.

NET PAY	THIS PERIOD (\$)	YTD (\$)
	1616.70	34087.28

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-w
eekly
EE/D: 11 DD

BARBARA J THOMAS
7081 MODESTO AVE
BATON ROUGE LA 70811

Project Director

90%

Stub 2

Printed by Paycheck, Inc.

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-w
eekly
EE ID: 5 DD:

2,916.68 x
80%
2,333.34 *

2,333.34 x
7.65%
178.50 *

Project Administrator

80%

Stub 1

PERSONAL AND CHECK INFORMATION

Michael A Ferris
17714 Nine Oaks Ave
Baton Rouge, LA 70817
Sec Sec #: xxx-xx-xxxx Employee ID: 5

Home Department: 100 Staff Bi-weekly

Pay Period: 11/01/17 to 11/15/17

Check Date: 11/15/17 Check #: 6746

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	-1571.33
Chkg 1002	1174.95	25161.03
NET PAY	1174.95	23589.70

EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvri			56.00	291.67		7743.30
LAL Hours				1166.67		23805.12
Total Hours					56.00	
Gross Earnings				1458.34		
Total Hrs Worked						31548.42

WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security			90.42	1956.00
Medicare			21.14	457.45
Fed Income Tax	M 0		125.83	2965.94
LA Income Tax	S 00		46.00	1008.00
TOTAL			203.39	6387.39

DEDUCTIONS	DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Advance			1571.33
TOTAL			1571.33

Salary:

Stub 1 : 1458.34

Stub 2 : 1458.34

2916.68
x 80%

\$ 2,333.34

x
Grant
Amt.

Fringe:

2,333.34
x 7.65%

\$ 178.50

x
Grant
Amt.

NET PAY	THIS PERIOD (\$)	YTD (\$)
	1174.95	23589.70

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-w
eekly
EE ID: 5 DD

MICHAEL A FERRIS
17714 NINE OAKS AVE
BATON ROUGE LA 70817

Project Administrator
NON-NEGOTIABLE

80%

Stub 2

PERSONAL AND CHECK INFORMATION

Michael A Ferris
17714 Nine Oaks Ave
Baton Rouge, LA 70817
Soc Sec #: xxx-xx-xxxx Employee ID: 5

Home Department: 100 Staff Bi-weekly

Pay Period: 11/16/17 to 11/30/17

Check Date: 11/30/17 Check #: 6753

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	-1571.33
Chkg 1002	1174.94	26335.97
NET PAY	1174.94	24764.64

EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
	Fvri			291.67		
	LAL Hours			1166.67	56.00	8034.97
	Total Hours					24971.79
	Gross Earnings				56.00	
	Total Hrs Worked			1458.34		33006.76

WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
	Social Security		90.42	2046.42
	Medicare		21.15	478.60
	Fed Income Tax	M 0	125.83	3091.77
	LA Income Tax	S 0 0	46.00	1054.00
	TOTAL		283.40	6670.79

DEDUCTIONS	DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
	Advance		1571.33
	TOTAL		1571.33

See Stub 1
for calculations

NET PAY	THIS PERIOD (\$)	YTD (\$)
	1174.94	24764.64

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-w
eekly
EE ID: 37 00

ALLISON DAVIS
17232 JEFFERSON HIGHWAY
APT # 417
BATON ROUGE LA 70817

Education Specialist

0 • C

100%

1 • 041 • 66 +
1 • 041 • 67 +
2 • 083 • 33 x
7 • 65 %
159 • 37 *

PERSONAL A
Allison Davis
17232 Jefferso
Ap # 417
Baton Rouge, LA 70817
Soc Sec #: xxx-xx-xxxx Employee ID: 37

Home Department: 100 Staff Bi-weekly

Pay Period: 11/01/17 to 11/15/17
Check Date: 11/15/17 Check #: 6744

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 3799	911.01	12422.91
NET PAY	911.01	12422.91

Stub 1

JINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
	LAL Hours			<u>1041.66</u>		
	Total Hours					<u>14062.41</u>
	Gross Earnings			<u>1041.66</u>		
	Total Hrs Worked					<u>14062.41</u>

WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
	Social Security		64.58	871.87
	Medicare		15.10	203.90
	LA Income Tax	S 21	25.00	330.00
	TOTAL		<u>104.68</u>	<u>1405.77</u>

DEDUCTIONS	DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
	STD Post-Tax	25.97	233.73
	TOTAL	<u>25.97</u>	<u>233.73</u>

Salary:

Stub 1: 1041.66

Stub 2: 1041.67

\$2083.33

7
grant
amt

Fringe:

2083.33

X 7.65%

\$159.37

7
grant
amt.

NET PAY	THIS PERIOD (\$)	YTD (\$)
	911.01	12422.91

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-w
eekly
EE ID: 37 DD

ALLISON DAVIS
17232 JEFFERSON HIGHWAY
APT # 417
BATON ROUGE LA 70817

Education Specialist

100%

Stub 2

PERSONAL AND CHECK INFORMATION

Allison Davis
17232 Jefferson Highway
Apt # 417
Baton Rouge, LA 70817
Soc Sec #: xxx-xx-xxxx Employee ID: 37

Home Department: 100 Staff Bi-weekly

Pay Period: 11/16/17 to 11/30/17
Check Date: 11/30/17 Check #: 6751

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 3799	911.01	13333.92
NET PAY	911.01	13333.92

EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
	LAL Hours			1041.67		15104.08
	Total Hours					
	Gross Earnings			1041.67		15104.08
	Total Hrs Worked					
WITHHOLDINGS	DESCRIPTION	FILING STATUS		THIS PERIOD (\$)		YTD (\$)
	Social Security			64.58		936.45
	Medicare			15.11		219.01
	LA Income Tax	S 2 1		25.00		355.00
DEDUCTIONS	DESCRIPTION			THIS PERIOD (\$)		YTD (\$)
	TOTAL			104.69		1510.46
	STD Post-Tax			25.97		259.70
	TOTAL			25.97		259.70

see Stub 1
for calculations

NET PAY	THIS PERIOD (\$)	YTD (\$)
	911.01	13333.92

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-w
eekly
EE ID: 4 DD

TALISHA DAVIS
3829 NORTH YOSEMITE DRIVE
BATON ROUGE LA 70814

Compliance Coordinator

70%

O-C

1,458.33 +
1,458.33 +

2,916.66 x

70.00 %

2,041.66 *

	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
	Fvri			437.50		8389.06
	LAL Hours			<u>1020.83</u>		<u>19574.38</u>
	Total Hours					
	Gross Earnings			1458.33		
	Total Hrs Worked					

IGS	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
	Social Security		90.41	1733.73
	Medicare		21.15	405.47
	Fed Income Tax	M2	76.04	1823.33
	LA Income Tax	M02	30.00	631.00

	TOTAL	THIS PERIOD (\$)	YTD (\$)
	TOTAL	<u>217.60</u>	<u>4593.53</u>
DEDUCTION	DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
	STD Post-Tax	99.29	794.31
	TOTAL	<u>99.29</u>	<u>794.31</u>

PERSONAL AND CHECK
Talisha Davis
3829 North Yosemite Dr
Baton Rouge, LA 70814
Soc Sec #: xxx-xx-xxxx

Home Department: 100

Pay Period: 11/01/17 to
Check Date: 11/15/17

NET PAY ALLOCATION

DESCRIPTION T/F
Check Amount
Chkg 0014

NET PAY

1141.44

2,041.66 x

7.65 %

156.19 *

22575.60

Salary:

Stub 1: 1458.33

Stub 2: 1458.33

2916.66
X 70%

\$ 2,041.66

↑
grant
amt.

Fringe

2041.66

X 7.65%

\$ 156.19

↑
grant
amt.

NET PAY	THIS PERIOD (\$)	YTD (\$)
	1141.44	22575.60

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-w
eekly
EE ID: 4 DD

TALISHA DAVIS
3829 NORTH YOSEMITE DRIVE
BATON ROUGE LA 70814

Compliance Coordinator

70%

Stub 2

PERSONAL AND CHECK INFORMATION

Talisha Davis
3829 North Yosemite Drive
Baton Rouge, LA 70814
Soc Sec #: xxx-xx-xxxx Employee ID: 4

Home Department: 100 Staff Bi-weekly

Pay Period: 11/16/17 to 11/30/17

Check Date: 11/30/17 Check #: 6752

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0014	1141.43	23717.03
NET PAY	1141.43	23717.03

EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
	Fvri			437.50		8828.56
	LAL Hours			<u>1020.83</u>		<u>20595.21</u>
	Total Hours					
	Gross Earnings			1458.33		
	Total Hrs Worked					29421.77

WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
	Social Security		90.42	1824.15
	Medicare		21.15	426.62
	Fed Income Tax	M 2	76.04	1899.37
	LA Income Tax	M 0 2	30.00	661.00
	TOTAL		217.81	4811.14

DEDUCTIONS	DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
	STD Post-Tax	99.29	893.60
	TOTAL	99.29	893.60

See Stub 1 for
calculations

NET PAY	THIS PERIOD (\$)	YTD (\$)
	1141.43	23717.03

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-w
eekly
EE ID: 35 DD

PATRICIA A BROWN
6555 E MONARCH
BATON ROUGE LA 70812

Data Entry

0 • C

1,041.66 +
1,041.67 +
2,083.33 x
7.65 %
159.37 *

100%

Stub 1

PERSONAL AHO CHI
Patricia A Brown
6555 E Monarch
Baton Rouge, LA 70812
Soc Sec #: xxx-xx-xxxx Employee ID: 35

Home Department: 100 Staff Bi-weekly

Pay Period: 11/01/17 to 11/15/17
Check Date: 11/15/17 Check #: 6743

HET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 001?	802.13	16121.27
NET PAY	802.13	16121.27

	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
	LAL Hours			<u>1041.66</u>		<u>20686.34</u>
	Total Hours					
	Gross Earnings			<u>1041.66</u>		<u>20686.34</u>
	Total Hrs Worked					
WITHHOLDINGS	DESCRIPTION	FILING STATUS		THIS PERIOD (\$)		YTD (\$)
	Social Security			64.58		1282.55
	Medicare			15.10		299.95
	Fed Income Tax	S 1		97.13		2098.08
	LA Income Tax	S 0 1		26.00		554.00
	TOTAL			<u>202.81</u>		<u>4234.58</u>
DEDUCTIONS	DESCRIPTION			THIS PERIOD (\$)		YTD (\$)
	STD Post-Tax			36.72		330.49
	TOTAL			<u>36.72</u>		<u>330.49</u>

Salary:

Stub1 : 1041.66

Stub2 : 1041.67

\$2083.33

*grant
amt.*

Fringe :
2083.33
X 7.65%

\$159.37

*grant
Amt.*

HET PAY	THIS PERIOD (\$)	YTD (\$)
	<u>802.13</u>	<u>16121.27</u>

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

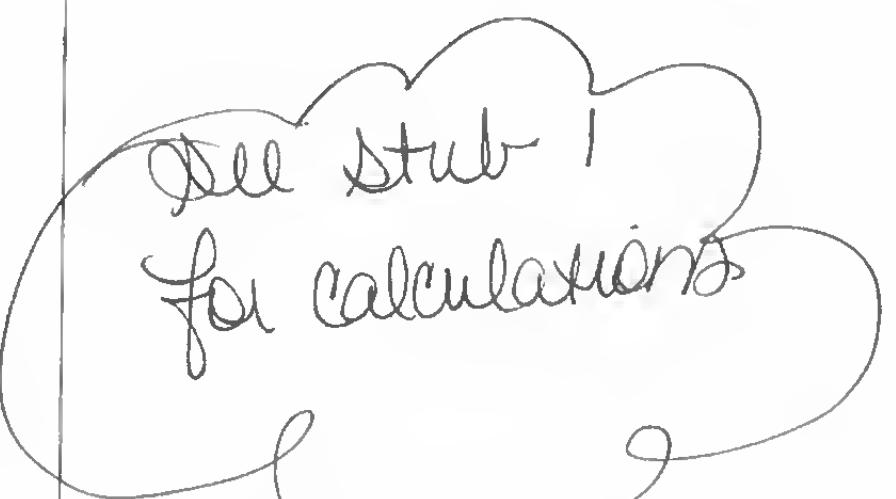
0060-T846
ORG1:100 Staff Bi-w
eekly
EE ID: 35 DD

PATRICIA A BROWN
6555 E MONARCH
BATON ROUGE LA 70812

Data Entry

100%

Stub 2

PERSONAL AND CHECK INFORMATION		EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Patricia A Brown 6555 E Monarch Baton Rouge, LA 70812 Soc Sec #: xxx-xx-xxxx Employee ID: 35			LAL Hours			1041.67		21728.01
			Total Hours					
			Gross Earnings			1041.67		21728.01
			Total Hrs Worked					
Home Department: 100 Staff Bi-weekly		WITHHOLDINGS	DESCRIPTION	FILING STATUS		THIS PERIOD (\$)		YTD (\$)
Pay Period: 11/16/17 to 11/30/17			Social Security			64.59		1347.14
Check Date: 11/30/17 Check #: 6750			Medicare			15.11		315.06
NET PAY ALLOCATIONS			Fed Income Tax	S 1		97.14		2195.22
DESCRIPTION	THIS PERIOD (\$)		LA Income Tax	S 0 1		26.00		580.00
			TOTAL			202.84		4437.42
DEDUCTIONS		DESCRIPTION			THIS PERIOD (\$)		YTD (\$)	
			STD Post Tax			36.72		367.21
			TOTAL			36.72		367.21
 <p>See Stub for calculations</p>								
		NET PAY			THIS PERIOD (\$)		YTD (\$)	
					802.11		16923.38	

See Stub 1
for calculations

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-TB46
ORG1:100 Staff Bi-w
eekly
EE ID: 12 DD

SHIRLEY WALKER
6230 MAPLEWOOD DRIVE
BATON ROUGE LA 70812

Client Svcs.
Coordinator

0 • C

100%

PERSONAL AND
Shirley Walker
6230 Maplewood
Baton Rouge, LA
Soc Sec #: xxx-xx

Home Department

1,041.66 +
1,041.67 +
2,083.33 x
7.65 %
159.37 *

Pay Period: 11/0
Check Date: 11/1
NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 2191	804.62	19199.97
NET PAY	804.62	19199.97

0 • C

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvri					1041.66
LAL Hours					63.00
Total Hours			1041.66		23983.06
Gross Earnings					
Total Hrs Worked			1041.66		25024.72

Stub 1

ITEMS	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security			64.58	1551.53
Medicare			15.11	362.86
Fed Income Tax	S 1 +\$21.20		118.33	2981.86
LA Income Tax	S 0 1		26.00	668.00
TOTAL			224.02	5564.35
DEDUCTIONS	DESCRIPTION		THIS PERIOD (\$)	YTD (\$)
STD Post-Tax			13.02	260.40
TOTAL			13.02	260.40

Salary :

Stub1: 1041.66

Stub2: 1041.67

\$2083.33

1/ grant
amt

Fringe :

2083.33

X 7.65%

\$159.37

1/ grant
amt.

NET PAY	THIS PERIOD (\$)	YTD (\$)
	804.62	19199.97

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-w
eekly
EE ID: 12 DD

SHIRLEY WALKER
6230 MAPLEWOOD DRIVE
BATON ROUGE LA 70612

Client Services
Coordinator

100%

Stub 2

PERSONAL AND CHECK INFORMATION

Shirley Walker
6230 Maplewood Drive
Baton Rouge, LA 70612

Soc Sec #: xxx-xx-xxxx Employee ID: 12

Home Department: 100 Staff Bi-weekly

Pay Period: 11/16/17 to 11/30/17

Check Date: 11/30/17 Check #: 6756

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 2191	804.62	20004.59
NET PAY	804.62	20004.59

EARNS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
	Fvri					1041.66
	LAL Hours			1041.67	63.00	25024.73
	Total Hours				63.00	
	Gross Earnings			1041.67		26066.39
	Total Hrs Worked					

WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
	Social Security		64.59	1616.12
	Medicare		15.10	377.96
	Fed Income Tax	S 1 +\$21.20	118.34	3100.30
	LA Income Tax	S 0 1	26.00	694.00
	TOTAL		224.03	5788.38

DEDUCTIONS	DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
	STD Post-Tax	13.02	273.42
	TOTAL	13.02	273.42

Salary :

Stub 1: 1041.66

Stub 2: 1041.67

\$2083.33

↑
grant
amt

Fringe:

2083.33

× 7.65%

\$159.37

↑
grant
amt

NET PAY	THIS PERIOD (\$)	YTD (\$)
	604.62	20004.59



FAMILY VALUES RESOURCE INSTITUTE, INC

Rent

INVOICE

INVOICE #: 201712

P.O. Box 74403
Baton Rouge, LA 70874
225-355-2725 Office 225-355-2742 Fax
www. FVRI.org

INVOICE DATE: 11/1/2017

Billed To: Louisiana Alliance For Life

DESCRIPTION	AMOUNT
Monthly Charge for Rental of 2,000 square feet of office space in 2,500 square foot building at \$0.60 per square foot as stated in the budget narrative.	1,200.00
TOTAL	\$ 1,200.00

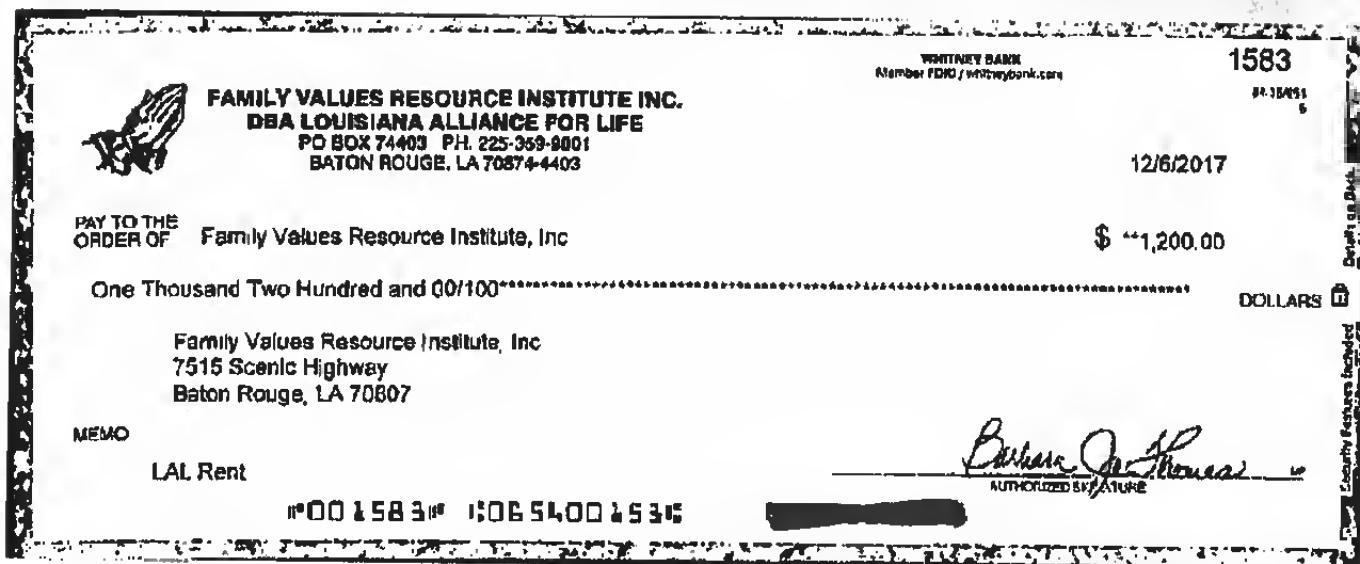
Brent

Transactions Details

Posting Date	12/06/2017
Transaction Date	12/06/2017
Description	DDA CHECK 0000001583
Transaction Type	Debit
T/C	0075
Amount	\$1,200.00
Balance	

Front

Back



Reint



Transactions Details

Posting Date	12/06/2017
Transaction Date	12/06/2017
Description	DDA CHECK 0000001583
Transaction Type	Debit
T/C	0075
Amount	\$1,200.00
Balance	

Front Back

Back

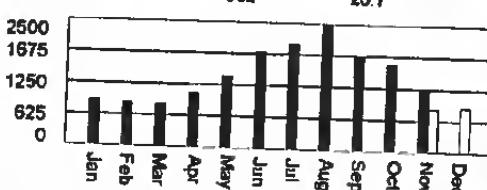
130617 97060001506101 306 EED36843

FOR THE ORDER OF
WHITNEY BANK
BATON ROUGE, LA 70802-3449
800-449-0533
FOR REPORT DAILY
FAMILY FINANCIAL RESOURCE
INSTITUTE, INC.
RESTRICTED FUND
(Salon)

Total Monthly Energy Usage

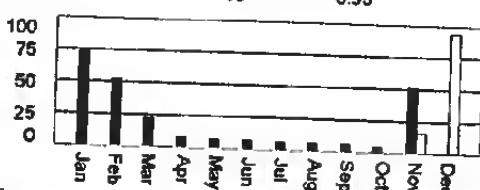
Electric

Billing Period	Billing Days	kWh Used	Avg kWh Per Day	2017	2016
Nov 2017	35	1227	35.1		
Nov 2016	30	882	26.7		



Gas

Billing Period	Billing Days	Ccf Used	Avg Ccf Per Day	2017	2016
Nov 2017	35	52	1.49		
Nov 2016	30	16	0.53		



Important Messages

Thank you for the prompt way you pay your bill.

Real-Time Payment Options:

- My Account Online at energy.com
- By Phone at 800-584-1241 for a small fee.

Please add \$1 to total bill amount for The Power to Care. Learn more at energy.com.

Utilities
80%

236.69
X 80%
189.35

0 • C

Account 32078008

QPC 04000

Invoice 515002588188

Customer Service 877-ETRBIZZ (877-387-2499)	Amount Due by 12/21/2017	\$236.69	after	\$244.93
---------------------------------------------------	--------------------------	----------	-------	----------

Please send stub with check payable to Entergy. Thank You.

001

236 • 69 + H 5-DIGIT 70807

111

236 • 69 x 1111111

CH

80 • % 189 • 35 *

NO

751

BATON ROUGE LA 70807-5447

Internet

ENTERGY
PO BOX 8103
BATON ROUGE, LA 70891-8103

4000000032078008000000000000000023669500000024493935508



Entergy Louisiana, LLC
entergy-louisiana.com

Account # 32078008
Invoice # 515002588186
Mail Date 11/29/2017
Page 2 of 2

Buinaaa Solutions Center
877-ETRBIZZ (877-387-2499); 8a-5p, Mon-Fri
Power Outage or Safety Concern, 24 hr/7days
800-968-8243 (800-9OUTAGE)

Internet

Meter Reading (Contract 3208046)

Meter # F130154	Rate : GS_SGS
Total Days (35)	
Current Meter Reading	(11/25/2017)
Previous Meter Reading	(10/21/2017)
kWh Metered	84036
kW Metered	- 82809
	1227
	7.75

Meter Reading (Contract 3288047)

Meter # X134359	Rate : GG_G1A
Total Days (35)	
Current Meter Reading	(11/25/2017)
Previous Meter Reading	(10/21/2017)
CCF Metered	9368
	- 9316
	52

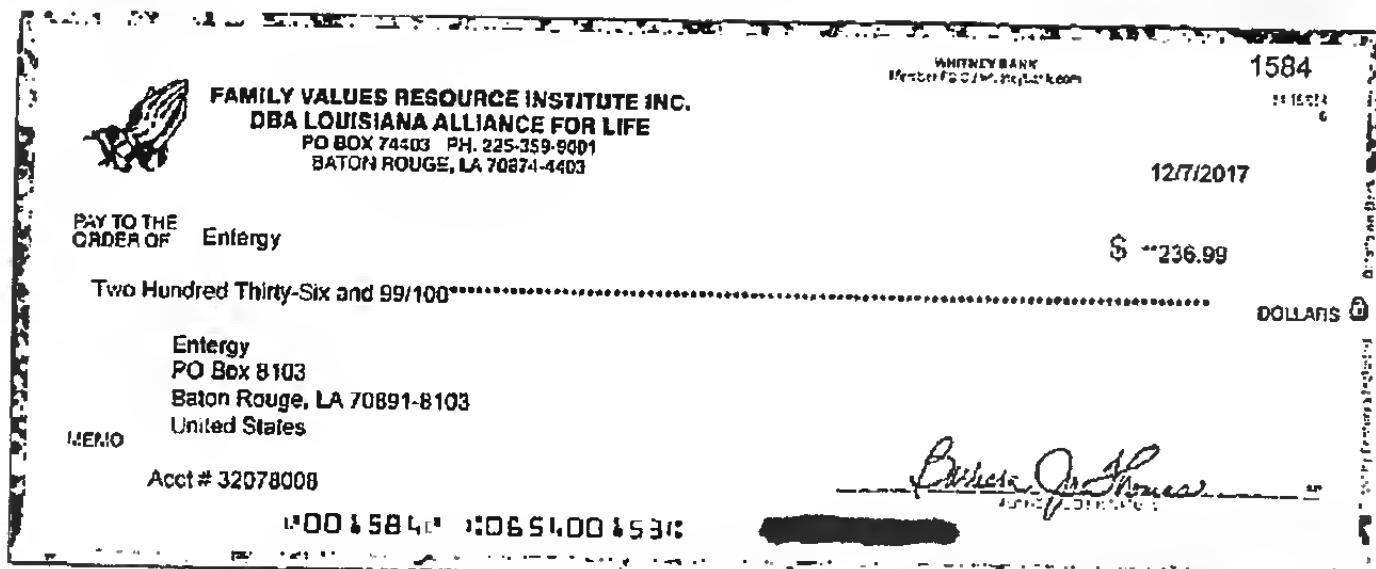
Utilities \$189.35



Transactions Details

Posting Date	12/12/2017
Transaction Date	12/12/2017
Description	DDA CHECK 0000001584
Transaction Type	Debit
T/C	0077
Amount	\$236.99
Balance	\$2,395.43

Front Back



Utilities \$189.35



Transactions Details

Posting Date	12/12/2017
Transaction Date	12/12/2017
Description	DDA CHECK 0000001584
Transaction Type	Debit
T/C	0077
Amount	\$236.99
Balance	\$2,395.43

Front Back

121217 5016 104 00032078008 0346750160104 CHECK21
DEPOSIT ONLY ENTERGY SERVICES INC
JPMORGAN CHASE & CO >11900057<

Utilities

80%

Baton Rouge Water Company
 8755 Goodwood Boulevard
 Office Hours: 8:30 a.m. - 5:00 p.m.
 Monday - Friday (excluding holidays)
 Customer Service: (225) 925 - 2011

Account Number	Service Address	Reading Date
01 01 03 354 0008 02	07515 SCENIC HWY	NOV 01 2017

Baton Rouge Water Company			
Meter Readings		Amount	
Current	Previous	100 Cubic Feet	
Billing Summary for Water Service			
1172	1160	12	19.44
CITY EXCISE TAX			1.00
LA SALES TAX			.84
LA DHH OPH SDWA FEE			1.00
GROUNDWATER FEE			.07
AUGUST 2016 FLOOD			
RECOVERY SURCHARGE			,48
Amount for Water Service		22.83	
TOTAL AMOUNT DUE BY NOV 27 2017		\$22.83	

22.83

X 80%

418.26

0 - 0

Pay Online @ WWW.BRWATER.COM
 Password: 70807 Acct. No: 0

Baton Rouge Water Company
 P.O. Box 98016
 Baton Rouge, LA 70896-9016

22.83 x *With Payment*

80 - %

18.26 * 17 \$22.83
 2017 \$23.80

AMOUNT ENCLOSED

\$

For your convenience, please make
 one check or money order payable to:
UTILITY PAYMENT PROCESSING
 03 01 3 354000802

|||||
 UTILITY PAYMENT PROCESSING
 P O BOX 98025
 BATON ROUGE LA 70896-9025

FOR MAILING AND

PHONE NUMBER _____

CHANGES CHECK HERE
 AND PROVIDE ON BACK

FAMILY VALUES RESOURCE
 P O BOX 74403
 BATON ROUGE LA

70874-4403

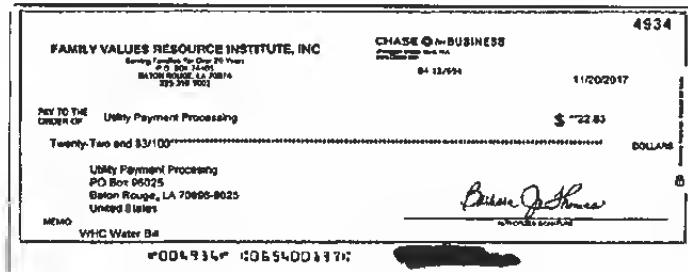
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Chase Online

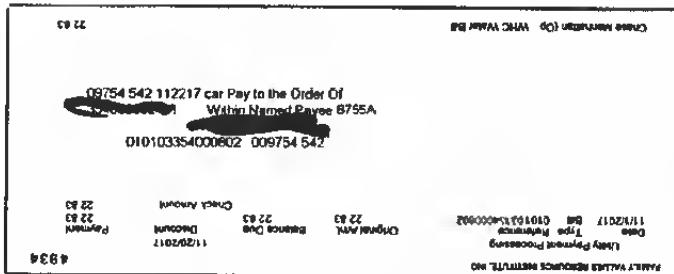
Utilities \$18.24

BUSINESS CLASSIC (..8002)

Check Number: 4934 Post Date: 11/22/2017 Amount of Check: \$22.83



Need help printing or saving this check?



Need help printing or saving this check?

© 2017 JPMorgan Chase & Co.

DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602

REMITTANCE SECTION

Invoice Number:
Due Date:
Due This Period:

56913459
12/01/2017
\$218.98

Amount Enclosed: \$

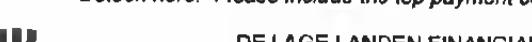
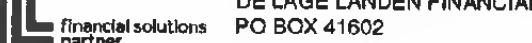
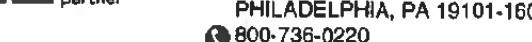
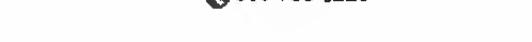
*Copier Lease
196.90*

9949059715 PRESORT 59715 1 AB 0.400 P1C226 <8>























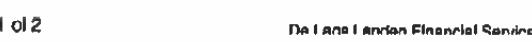










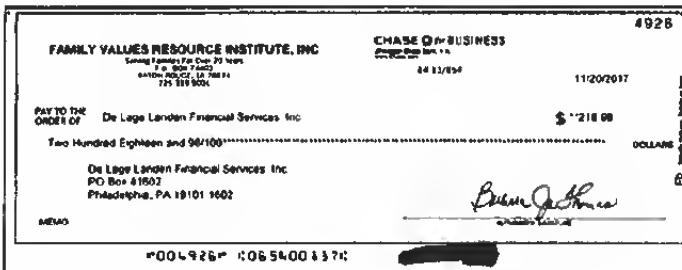




<img alt="Barcode for 11

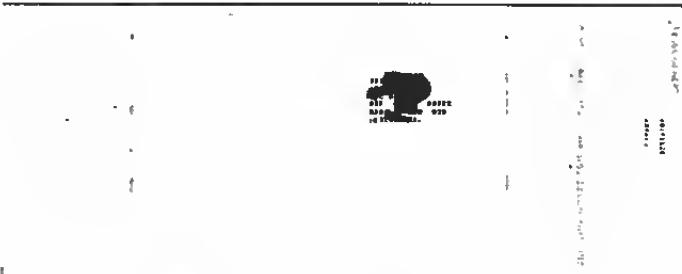
Chase Online

BUSINESS CLASSIC (...8002)

Check Number: 4926 Post Date: 11/24/2017 Amount of Check: \$218.98



Need help printing or saving this check?



Need help printing or saving this check?

© 2017 JPMorgan Chase & Co

TRAVEL EXPENSE ACCOUNT

BA-12 (3/97)

The statement on the reverse side
signature. Receipts must be att. cl

NAME OF OFFICER OR EMPLOYEE

BARBARA THOMAS

ADDRESS

7515 SCENIC HIGHWAY

CITY

BATON ROUGE

0 • C

to

DATE OF CLAIM	11/09/2017
DEPARTMENT	
DIVISION	
SECTION	
FOR PERIOD	
November 2017	

83 • 86 + Summary

202 • 86 +

002

286 • 726 +

Automobile:

RENTAL CAR	\$47.60	<i>Rental car</i>
mi. @ .53	\$	
mi. @ .53	\$	

Lodging

Meals (SEE PPM 49 FOR RECEIPTS REQUIRED
FOR SPECIAL AND HIGH COST AREA MEALS)

Tolls and Parking

Tolls and Parking	\$
Tips (for baggage handling only)	\$
Other Expenses	\$36.26
Less: Travel Advance	\$
Total Reimbursable Costs	\$83.66

FUEL FOR RENTAL

I certify that this expense account is just and true in all respects; that I
specified on official business, the expenses charged were in
been paid by the State; *Hotel is \$97.00*

SIGNED BY PAYEE

Barbara
ask Dora & she said
98.10 is OK.

Certifica

002

47 • 60 +
36 • 26 +necessarily traveled on the dates
83 • 86 + and none of the expenses have

OFFICIAL DOMICILE

e of Head of Budget Unit

I certify that the charges *CT 12-21-17*
necessary and proper and
been examined by me; that the services for which the charges are made were
immed are just and reasonable.*Collins*

TITLE

Wielhain

REMARKS BY HEAD OF BUDGET UNIT

Lodging
1-10-18

Agency No.	Orgn.	Object	Sub Obj.	Rptg. Category	Amount	Document Reference

Google Maps**7515 Scenic Hwy, Baton Rouge, LA 70807 to 1254 MacArthur Drive, Alexandria, LA**

Drive 121 miles, 2 h

7515 Scenic Hwy

Baton Rouge, LA 70807

Follow US-190 W and I-49 N to Elliott St in Alexandria

1 h 57 min (121 mi)

1. Head southeast on US-61 S toward 75th Ave

0.6 mi

2. Turn right to merge onto US-190 W

0.4 mi

3. Turn right to merge onto I-49 N/US-167 N toward Alexandria

0.4 mi

● Continue to follow I-49 N

4. Take exit 80 to merge onto US-167 BUS N/US-71 N toward MacArthur Dr

0.4 mi

● Continue to follow US-71 N

5. Keep right to continue on US-165 N/US-71 N/Masonic Cir

0.4 mi

● Continue to follow US-165 N/US-71 N

1.3 mi

Drive to MacArthur Dr

2 min (0.4 mi)

6. Turn left onto Elliott St

1.4 mi

7. Turn left onto MacArthur Dr

● Destination will be on the right

0.4 mi

1254 MacArthur Dr

Alexandria, LA 71303



Rental Location
BATON ROUGE METRO ARPT
9430 JACKIE COCHRAN DR
BATON ROUGE

LA 70807-8 Phone (888)8266890

Renter Name CHARLES R THOMAS
7081 MODESTO AVE
BATON ROUGE

LA 70811

Return Location
BATON ROUGE METRO ARPT

10-NOV-2017 04:44 PM

Charges

Vehicle #	HS817907	TIME & DISTANCE	2 Days	Amount:
Model	RAM 1500	UNLIMITED MILES/KM - TIME & DIST	2 Days	64.00 *
Class Driven	PPAR	CDW / LDW	0.00	*
Class Charge	FCAR	CUSTOMER FACILITY CHARGE 6.15/DAY	2 Days	0.00 *
License#	C565635	CONCESSION FEE 11.11 PCT	6.15	12.30 *
State/Province	LOUISIANA	AUTOMOBILE RENTAL TAX 3 PCT	64.76	7.19 *
M/Kms Driven	325	VEHICLE LICENSE REC FEE .38/DAY	84.25	2.53
M/Kms Out	11190	LA STATE SALES TAX 65.000 %	0.76	*
M/Kms In	11515	SALES TAX 65.000 %	4.21	4.21
			84.25	

Rate Info

Messages
* Taxable Items
Subject to Audit
Your Emerald Club Number is 831346456

One day Rental only!

Total Charges

USD 95.20

Payments

Visa	AUTH: 82524G	0815	0815
Visa	AUTH: 27141G	08-NOV-2017	47.61
		6815	

Payment

-95.20

Customer Service Number 1-800-468-3334

Congratulations! You have just earned a Free Day!
Free Day is subject to program rules.

Returned
Rental
Rate!

Amount Due

USD 0.00

Set-up of new center
(Subcontractor)

Gasoline

(Set up 00
new center)
Centra Pregnancy
Site Visit on
Wednesday, Nov 9th
2017

*** REPRINT *** REPRINT *** REPRINT ***
SCENIC HIGHWAY CENTE
FG22128137001
8231 SCENIC HIGHWAY
BATON ROUGE , LA
70807
11/10/2017 281516876
04:25:11 PM

XXXXXXXXXXXX0942
ExxonMobil B
INVOICE 052932
AUTH 010908

PUMP# 7
Regular 15.773G
PRICE/GAL \$2.299

FUEL TOTAL \$ 36.26

*** REPRINT *** REPRINT *** REPRINT ***

CREDIT \$ 36.26
*** REPRINT *** REPRINT *** REPRINT ***

Customer-activated Purchase/Capture
Site #: 000000004793337
Shift Number 1
Sequence Number 15171
APPROVEO 010908

*** REPRINT *** REPRINT *** REPRINT ***

TRAVEL EXPENSE ACCOUNT

BA-12 (3/97)

The statement on the reverse side must be completely filled in by the payee prior to signature. Receipts must be attached as required by travel regulations.

DATE OF CLAIM 11/15/2017

DEPARTMENT

DIVISION

SECTION

FOR PERIOD
November 2017NAME OF OFFICER OR EMPLOYEE
BARBARA THOMAS

ADDRESS

7515 SCENIC HIGHWAY

CITY

BATON ROUGE

Expense Summary

Automobile:	Lump-Sum Allowance	RENTAL CAR	\$95.20	\$47.60
	Per Mile Cost:	mi. @ .53	\$	
Subsistence:	Lodging		\$114.30	\$135.97
	Meals (SEE PPM 49 FOR RECEIPTS REQUIRED FOR SPECIAL AND HIGH COST AREA MEALS)		113.20	
Tolls and Parking			\$21.67	\$135.97
Tips (for baggage handling only)		0 • C		\$
Other Expenses	FUEL F			\$
Less: Travel Advance				\$20.39
Total Reimbursable Costs				\$203.96

I certify that this expense account is just and fair, and that it has been paid by the State, and that the full amount

SIGNED BY PAYEE

004

47.60 +

113.20 +

21.67 + own were actually and necessarily traveled on the date
20.39 + business of the State and none of the expenses have

202.86 G +

OFFICIAL DOMICILE

Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper, and that, in my opinion, the amounts claimed are just and reasonable.

NAME

GARRETT HILL HILL

SIGNED BY

Vice Chair

TITLE

REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS, ETC.

Agency No.	Orgn.	Object	Sub Obj.	Rptg. Category	Amount	Document Reference



Bill Ref# 50031689857
V

La. Finance for Life
RA 5405463557

Rental Location
BATON ROUGE METRO ARPT
9430 JACKIE COCHRAN DR
BATON ROUGE

14-NOV-2017 05:13 PM ✓

Phone (888)8266890

Renter Name CHARLES R THOMAS
7081 MODESTO AVE
BATON ROUGE

LA 70811

EXXON MOBIL CORPORATION
Contract ID

Return Location
BATON ROUGE METRO ARPT

16-NOV-2017 05:23 PM ✓

Charges
No. Unit Price/Unit Amount

Vehicle #	HC883863	TIME & DISTANCE UNLIMITED MILES/KM - TIME & DIST	2	Days	32.00	64.00
Model	ROGUE	CDW / LOW	2	M/Kms	0.00	*
Class	IRAR	*RENTER DEPOSIT	1	Days	0.00	*
Driven	FCAR	CUSTOMER FACILITY CHARGE 6.15/DAY	2	Rental Days	12.30	*
Class Charge	N489592	CONCESSION FEE 11.11 PCT			7.19	*
License#		AUTOMOBILE RENTAL TAX 3 PCT			2.53	*
State/Province	LOUISIANA	VEHICLE LICENSE REC FEE .38/DAY	2	Days	0.76	*
M/Kms Driven	392	LA STATE SALES TAX @5.000 %			4.21	
M/Kms Out	2597	SALES TAX @5.000 %			4.21	
M/Kms In	2899				84.25	

Rate Info

Messages

* Taxable Items
Subject to Audit
Your Emerald Club Number is 811346456

Total Charges
USD 95.20

Payments	Visa AUTH:	81414G 14-NOV-2017	0815 95.20
	Visa AUTH:	91491G 14-NOV-2017	0815 200.00

Payment
-95.20

Customer Service Number 1-800-468-3334

Emerald Club rental credits will be posted within 24 hours
Reverse Auth: 14-NOV-2017 -200.00
Amount Due

USD 0.00

Staff training for C'ehla Pregnancy Center

La. Alliance for Life

~~Hotel~~

Name
Address

THOMAS, CHARLES
PO BOX 74403
BATON ROUGE LA 70874
UNITED STATES OF AMERICA



Alexander, LA

HOME2 SUITES BY HILTON ALEXANDRIA
3800 Alexandria Mall Drive
Alexandria, LA 71301
Phone (318) 704-6450 - Fax (318) 704-6454
home2alexandria.home2suitesbyhilton.com

Room	304/NQJ
Arrival Date	11/15/2017 3:08:00 PM
Departure Date	11/16/2017
Adult/Child	2/D
Room Rate	98.10
Rate Plan:	AAA
HH #	574116942 SILVER
AL:	
Car:	

Confirmation Number: 82240057

11/16/2017

DATE	REFERENCE	DESCRIPTION	AMOUNT
11/15/2017	118865	GUEST ROOM	\$98.10
11/15/2017	118865	OCCUPANCY TAX	\$5.89
11/15/2017	118865	STATE TAX	\$4.91
11/15/2017	118865	CITY TAX	\$5.40
11/16/2017	118987	VS *9477	(\$114.30)
		BALANCE	\$0.00

You have earned approximately 808 Hilton Honors points for this stay. Hilton Honors(R) stays are posted within 72 hours of checkout. To check your earnings or book your next stay at more than 4,900 ho

97.00 +
5.89 +
4.91 +
5.40 +

004

113.206 +

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO. / CHECK NO.
		54504 A
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. LOCATION	PURCHASES SERVICES	
	TAXES	
	TIPS MISC.	
CARD MEMBERS SIGNATURE X	TOTAL AMOUNT	114.30 PAYMENT DUE UPON RECEIPT

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.



Business*

(NOT FOR PAYMENTS)
 DEPARTMENT # 102430
 PO BOX 1259
 OAKS, PA 19456
 8400 0210 NO RP 05 11062017 NNNNNNNY 01 000870 0004
 FAMILY VALUES RESOURCE INSTITUTE
 INC
 7515 SCENIC HWY
 BATON ROUGE LA 70807-5447



Page 1 of 4

November 05, 2017

CONTACT US: www.coxbusiness.com
 866-272-5777

Account Number 001 5711 071045903
 COX PIN 7515
 SERVICE ADDRESS 7515 SCENIC HWY
 BATON ROUGE, LA 70807-5447



ACCOUNT SUMMARY as of Nov 5, 2017

Previous Balance	\$528.50
Payment Received - Oct 30	-\$528.50
Remaining Previous Balance	\$0.00
New Charges: Nov 5, 2017 - Dec 4, 2017	
TV	\$62.49
Internet	\$115.00
Telephone	\$264.75
Cox Toll Free	\$5.00
Usage Charges(Phone)	\$0.63
Taxes, Fees and Surcharges	\$78.50
New Charges	\$526.37
Total Due By Nov 27, 2017	\$526.37

Telephone 250.00
 Internet 75.00



Make Your Life Easier and GO GREEN!

With EasyPay, pay your monthly Cox bill automatically from your bank or credit card account. Add Paperless Billing and you get rid of paper bills and can access your account online any time, all while saving trees! Sign up today at www.coxbusiness.com/myaccount!

November 05, 2017 bill for FAMILY VALUES RESOURCE INSTITUTE

Account Number 001 5711 071045903
 Service at 7515 SCENIC HWY
 BATON ROUGE, LA 70807-5447

Total Due By Nov 27, 2017 **\$526.37**

COX BUSINESS
 PO BOX 919243
 DALLAS TX 75391-9243



05711001182071045903060052637

November 05, 2017 BILL for FAMILY VALUES

RESOURCE INSTITUTE

Account number 001 5711 071045903

Page 2 of 4

MONTHLY SERVICES		Nov 5 - Dec 4
TV		
Digital Adapter		\$1.99
Cox Business TV Starter		18.00
Business TV Essential		35.00
Other Fees and Surcharges		
Regional Sports Surcharge		\$3.50
Broadcast Surcharge		4.00
Total TV		\$62.49
INTERNET		
CBI 100 - 100 Mbps x 20 Mbps		\$115.00
Total Internet		\$115.00
TELEPHONE		
225-355-2725		
VoiceManager Flat Rated Local Line		\$25.00
Network Interface Fee - Multi-Line		9.25
Cox Business Unlimited		5.00
Business VoiceManager Group		0.00
Hunting		
Individual Voice Mailbox		0.00
VoiceManager Office Package		0.00
225-355-2333		
VoiceManager Flat Rated Local Line		25.00
Network Interface Fee - Multi-Line		9.25
Cox Business Unlimited		5.00
DIRECTORY LISTING-NON		0.00
PUBLISHED		
VoiceManager Office Package		0.00
225-356-1101		
VoiceManager Flat Rated Local Line		25.00
Network Interface Fee - Multi-Line		9.25
Total Telephone		\$264.75
COX TOLL FREE		

Monthly Services cont.

Cox Business Unlimited	5.00
DIRECTORY LISTING-NON	0.00
PUBLISHED	
VoiceManager Office Package	0.00
225-357-6B22	
VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON	0.00
PUBLISHED	
VoiceManager Office Package	0.00
225-357-6B80	
VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON	0.00
PUBLISHED	
VoiceManager Office Package	0.00
225-359-9001	
VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON	0.00
PUBLISHED	
VoiceManager Office Package	0.00
225-355-2742	
VoiceManager Flat Rated Local Line	15.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON	0.00
PUBLISHED	
VoiceManager Utility Line	0.00
Total Telephone	\$264.75

Payment options

Online: Visit cox.com to register for 24-hour online access or make payments to your account.

Mail: Detach this coupon and send it with your check or money order. Please include your account number on your check. Make your checks payable to Cox Communications. Allow 7 days for processing.

Phone: You may contact us at the telephone number listed on the front of this bill anytime and follow the phone prompts to make a payment using your bank account or credit card.

In Person: Visit www.cox.com/business for a list of Cox Authorized Payment Centers.



November 05, 2017 BILL for FAMILY VALUES

RESOURCE INSTITUTE

Account number 001 S711 07104S903

Page 3 of 4

Monthly Services cont.

855-696-2333	
Cox Toll Free Svc - Switched	\$5.00
Total Cox Toll Free	\$5.00
TOTAL MONTHLY SERVICES	\$447.24

USAGE CHARGES

Telephone Usage	
Usage for 225-355-2725	
Intrastate Long Distance	\$0.00
Interstate Cox LD - CB (qty 2)	0.00
Usage for 225-355-2333	
Interstate Cox LD - CB	0.00
Usage for 225-357-6880	
Intrastate Long Distance	0.00
Usage for 225-359-9001	
Intrastate Long Distance (qty 16)	0.00
Interstate Cox LD - CB (qty 6)	0.00
Total Telephone Usage	\$0.00

Toll Free Usage

Usage for 855-696-2333	
Interstate Toll Free - CB (qty 2)	\$0.03
Intrastate Toll Free - CB (qty 4)	0.60
Total Toll Free Usage	\$0.63

TOTAL USAGE CHARGES**TAXES, FEES AND SURCHARGES**

TV and/or Internet Taxes and Fees	
FCC Fee	\$0.06
Franchise Fee	3.42
PEG Access Fee	0.35
Total TV and/or Internet Taxes and Fees	\$3.83

Telephone Taxes, Fees and Surcharges

Taxes	
Federal Excise Tax	\$7.55
Interstate Telecomm Services	0.16
E-911 Tax (Commercial)	10.50
State Sales Tax	10.75
Total Taxes	\$28.96
Fees and Surcharges	
Access Recovery Fee - Multi-Line	\$10.00
Public Utility Excise Tax	11.99
Telecommunications Tax for the Deaf	0.28
Carrier Cost Recovery Fee	0.67
Louisiana Universal Service Fund	4.08
Federal Universal Service Fund	18.69
Total Fees and Surcharges	\$45.71
Total Telephone Taxes, Fees and Surcharges	\$74.67

Taxes, Fees and Surcharges cont.

TOTAL TAXES, FEES AND SURCHARGES	\$78.50
TOTAL NEW CHARGES	\$526.37

TELEPHONE USAGE DETAILS for 225-355-2725**Intrastate Long Distance**

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Oct 10	12:06P THIBODAUX,LA	985-446-5004	11:12	DD/D	0.0000
Total Intrastate Long Distance			11:12		\$0.00

Interstate Long Distance

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Oct 17	08:26A EWING ,NJ	609-359-5637	1:42	DD/D	0.0000
Oct 26	09:05A LEWISVILLE ,TX	469-293-3079	1:12	DD/D	0.0000
Total Interstate Long Distance			2:54		\$0.00

TELEPHONE USAGE DETAILS for 225-355-2333**Interstate Long Distance**

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Oct 23	10:40A GRAND RPD,MI	616-254-2065	:54	DD/D	0.0000
Total Interstate Long Distance			:54		\$0.00

TELEPHONE USAGE DETAILS for 225-357-6880**Intrastate Long Distance**

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Oct 17	10:33A NEWORLEA ,LA	504-605-9206	:12	DD/D	0.0000
Total Intrastate Long Distance			:12		\$0.00

TELEPHONE USAGE DETAILS for 225-359-9001**Intrastate Long Distance**

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Oct 9	02:43P ALEXANDRI ,LA	318-790-3652	:18	DD/D	0.0000
	02:44P ALEXANDRI ,LA	318-790-3652	:48	DD/D	0.0000
Oct 10	02:59P LAFAYETTE ,LA	337-210-6660	:36	DD/D	0.0000
	03:14P SHREVEPOR,LA	318-820-5196	:36	DD/D	0.0000
Oct 11	10:27A ALEXANDRI ,LA	318-790-3652	:48	DD/D	0.0000
Oct 12	02:07P SHREVEPOR,LA	318-286-2479	3:06	DD/D	0.0000
Oct 16	11:34A SHREVEPOR,LA	318-820-5196	:36	DD/D	0.0000
Oct 23	10:13A LAFAYETTE ,LA	337-210-6660	:36	DD/D	0.0000
	10:19A SHREVEPOR,LA	318-820-5196	:06	DD/D	0.0000
Oct 24	10:01A NEWORLEA ,LA	504-822-0725	2:06	DD/D	0.0000
Oct 25	11:13A LAFAYETTE ,LA	337-289-9366	2:54	DD/D	0.0000
	01:43P LEESVILLE ,LA	337-353-5005	:18	DD/D	0.0000
	01:44P LAFAYETTE ,LA	337-232-5005	1:00	DD/D	0.0000
Oct 26					



November 05, 2017 Bill for FAMILY VALUES

RESOURCE INSTITUTE

Account number 001 5711 071045903

Page 4 of 4

Telephone Usage Details cont.

03:01P	LAFAYETTE ,LA	337-289-9366	1:00	DD/D	0.0000
03:52P	STMARTINV ,LA	337-441-1147	:12	DD/D	0.0000
Nov 1					
10:39A	SHREVEPOR,LA	318-820-5196	:36	DD/D	0.0000

Total Intrastate Long Distance	15:36	\$0.00
---------------------------------------	--------------	---------------

Interstate Long Distance

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Oct 9					
11:49A	BARDSTOW ,KY	502-510-0528	:42	DD/D	0.0000
Oct 16					
02:28P	TUCSON ,AZ	520-777-9207	1:06	DD/D	0.0000
Oct 18					
10:00A	SANANTONI,TX	210-998-2039	:48	DD/D	0.0000
Oct 24					
11:16A	BIRMINGHA,AL	205-516-0191	15:36	DD/D	0.0000
02:42P	GLENDALE ,AZ	623-980-1827	:12	DD/D	0.0000
Nov 1					
01:02P	PLATTEVL ,WI	608-331-7097	:12	DD/D	0.0000
Total Interstate Long Distance			18:36		\$0.00

TELEPHONE USAGE DETAILS for 855-696-2333

Interstate Toll Free

Time	Place	From Number	Min: Sec	Rate/ Time	Amt
Oct 13					
07:05A	JACKSONVL ,FL	904-608-8186	:18	DD/N	0.0150
Oct 23					
08:22A	MOBILE ,AL	251-508-0000	:12	DD/D	0.0100
Total Interstate Toll Free			:30		\$0.03

Intrastate Toll Free

Time	Place	From Number	Min: Sec	Rate/ Time	Amt
Oct 24					
08:02A	BATONROUG,LA	225-475-1956	4:00	DD/D	0.2000
Oct 26					
10:41A	BATONROUG,LA	225-228-8007	1:36	DD/D	0.0800
Oct 29					
08:40P	BATONROUG,LA	225-336-5430	2:48	DD/N	0.1400
Nov 2					
07:36P	BATONROUG,LA	225-336-5430	3:36	DD/E	0.1800
Total Intrastate Toll Free			12:00		\$0.60

Rate Codes

DD = Direct Dial

Time Codes

D = Day

E = Evening

N = Night/Weekend

NEWS FROM COX

Channel Change Notice: Beginning January 1, 2018, 12:00 a.m. EST, FM, channel 238 and The Africa Channel, channel 215 will no longer be offered on any Cox TV lineup. For more information about these changes, please visit www.cox.com/channels.

CUSTOMER INFORMATION

Billing, Payment Policies and Fees:

Cox Business bills all customers in advance for monthly recurring charges and in arrears for non-recurring charges such as On Demand/pay-per-view and long distance. Payment in full is due to Cox by the "Due By" date indicated on your statement. If payment is not received by this date, your bill will become past due and may be subject to additional fees, such as late payment charges, electronic reactivation fees,

Customer Information cont.

or returned payment fees. Payment of your Cox bill confirms your subscription to services and the possession of Cox owned equipment listed on your bill.

When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$25.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid, you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees. If payment is not received by the "Due By" date indicated on your statement, a late payment charge may be assessed on your account.

Closed Captioning: If you have questions or are experiencing problems with your Closed Caption service, please contact us at the phone number on the front of this bill. If we are unable to resolve your Closed Caption concern you may contact:

W.F. Hott, Closed Captioning, Cox Communications, 6205-B Peachtree Dunwoody Rd, Atlanta, GA 30328; Phone: 888-278-6660, Email: closedcaption@cox.com.

Basic Local Telephone Service: You must pay all regulated telephone charges to avoid disconnection of basic local telephone service. If you pay less than your full monthly bill and want the partial payment applied to telephone charges first, call Cox Customer Care; otherwise, your partial payment will first be applied to any past due balance, including non-regulated charges, putting you at risk of disconnection of telephone service.

911 Services: If your modem is disconnected or moved, or its battery is not charged or otherwise fails, phone service, including access to 911 services will not be available. Please review the following website for additional important information about Cox's 911 practices: <https://www.cox.com/business/phone/e911-regulatory.html>.

Louisiana Do Not Call List

To reduce unsolicited telemarketing calls, LA residential customers can now register, at no charge, for the LA "Do Not Call" program. To register, please contact the LPSC at 1-877-676-0773 or register online at <http://www.lpsc.org>. Business numbers may not be included on the list. To be included in the National "Do Not Call" registry, please contact the FTC at 1-888-382-1222 or visit www.donotcall.gov.

Businesses currently engaging or wishing to engage in telephonic solicitation of residential telephone customers in Louisiana must register annually with the Louisiana Public Service Commission (LPSC) to subscribe to the "Do Not Call" register. The register, updated quarterly, contains telephone numbers of residential customers who prefer not to be solicited. "Do Not Call" program rules and registration information may be found on the LPSC website: www.lpsc.org/donotcall, or by calling 1-877-676-0773 toll free. Fines and penalties may be imposed on telephonic solicitors who do not comply with these rules.

Billing Dispute and Resolution

If you have any questions regarding your bill or disagree with any portion of your bill, immediately contact Cox with your concerns. You must contact us no later than 60 days from the bill's due date via the contact information listed on the front of this bill so that Cox can review your account.

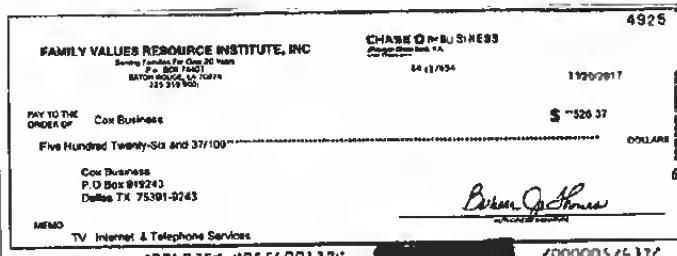
To dispute the outcome related to your cable service, you may file a complaint with your local franchising authority: CITY OF BATON ROUGE, PO BDX 1471, BATON ROUGE, LA 70821

Telephone 250.00
Internet 75.00

Chase Online

BUSINESS CLASSIC (...8002)

Check Number: 4925 Post Date: 11/27/2017 Amount of Check: \$526.37



Need help printing or saving this check?

JP MORGAN CHASE & CO. CR TO NMID
112717 4074000002 PAYEE AIL
07001002 00100000 RTG PWD
00012474 030 000000101351785

Need help printing or saving this check?

© 2017 JPMorgan Chase & Co.

Online Client Database

waycool software, inc.

234 Mountain Forest Trail
Calera, AL 35040

0 • C

Invoice

DATE	INVOICE #
11/30/2017	MB-17320

BILL TO
Louisiana Alliance for Life Pregnancy Problem Center 4724 Jamestown Avenue Baton Rouge, LA 70808

50 • 00 +
50 • 00 +
75 • 00 +
75 • 00 +

004

250 • 00 G+

DUE DATE
12/30/2017

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocus Web M...	CoolFocusWeb Monthly Lease		50.00	50.00

Phone #	E-mail	Total \$50.00
888-746-6753	mike@waycoolsw.com	Payments/Credits \$0.00
		Balance Due \$50.00

Online Client Database

Page 1 of 2



Payment sent

We sent a confirmation email.

WayCool Software, Inc.

Invoice no. MB-17320

Invoice total	\$50.00
Amount paid	\$50.00
Balance Due	\$0.00
Date paid	December 13, 2017
Payment method	Checking ••••1380
Transaction ID	a0hev37j

Online Client Database - Inv.# MB-17320

Transactions Details

Posting Date 12/14/2017

Transaction Date 12/14/2017

Description WAY COOL SOFTWARE

Transaction Type Debit

Amount \$50.00

Balance

[REDACTED]

Online Client Database

waycool software, inc.

234 Mountain Forest Trail
Calera, AL 35040

Invoice

DATE	INVOICE #
11/30/2017	MB-17398

BILL TO

Louisiana Alliance for Life
Women's Center of Lafayette ✓
1331 Jefferson Avenue
Lafayette, LA 70501

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		50.00	50.00
				Total \$50.00
				Payments/Credits \$0.00
				Balance Due \$50.00
Phone #	E-mail			
888-746-6753	mike@waycoolsw.com			

Online Client Database

Page 1 of 2



Payment sent

We sent a confirmation email.

WayCool Software, Inc.

Invoice no. MB:17398

Invoice total	\$50.00
Amount paid	\$50.00
Balance Due	\$0.00
Date paid	December 13, 2017
Payment method	Checking ••••1380
Transaction ID	a0hev23y



Transactions Details

Posting Date	12/14/2017
Transaction Date	12/14/2017
Description	WAY COOL SOFTWARE
Transaction Type	Debit
Amount	\$50.00
Balance	[REDACTED]

Online Client Database

waycool software, inc.

234 Mountain Forest Trail
Calera, AL 35040

Invoice

DATE	INVOICE #
11/30/2017	MB-17233

BILL TO

Louisiana Alliance for Life
Life Choices of North Central Louisiana
211 West Texas Avenue
Ruston, LA 71270

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocus Web M...	CoolFocus Web Monthly Lease		75.00	75.00

	Total	\$75.00
	Payments/Credits	\$0.00
	Balance Due	\$75.00
Phone #	E-mail	
888-746-6753	mike@waycoolsw.com	

Online Client Database

Page 1 of 2



Payment sent

We sent a confirmation email.

WayCool Software, Inc.

Invoice no. MB-17233

Invoice total	\$75.00
Amount paid	\$75.00
Balance Due	\$0.00
Date paid	December 13, 2017
Payment method	Checking ••••1380
Transaction ID	a0hev09i

Online Client Database - INV# MB-17233



Transactions Details

Posting Date	12/14/2017
Transaction Date	12/14/2017
Description	WAY COOL SOFTWARE
Transaction Type	Debit
Amount	\$75.00
Balance	[Redacted]

Online Client Database

waycoolsoftware, inc.

234 Mountain Forest Trail
Calera, AL 35040

Invoice

DATE	INVOICE #
11/30/2017	MB-17167

BILL TO
Louisiana Alliance for Life Family Values Resource Institute, Inc. ✓ Post Office Box 74403 Baton Rouge, LA 70874

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		75.00	75.00
		Total		
		\$75.00		
		Payments/Credits		
		\$0.00		
		Balance Due		
		\$75.00		

Phone #

E-mail

Online Client Database

Page 1 of 2



Payment sent

We sent a confirmation email.

WayCool Software, Inc.

Invoice no. MB-17167

Invoice total	\$75.00
Amount paid	\$75.00
Balance Due	\$0.00
Date paid	December 13, 2017
Payment method	Checking ••••1380
Transaction ID	a0heuxjm

Online Client Database - Inv# MB-17/67



Transactions Details

Posting Date 12/14/2017

Transaction Date 12/14/2017

Description WAY COOL SOFTWARE

Transaction Type Debit

Amount \$75.00

Balance

Charlene Robertson "Trusclair"

From: Barbara J Thomas <barbarat@family-values.org>
Sent: Monday, January 08, 2018 12:17 PM
To: Dora Thomas; James Vidacovich; Charlene Robertson "Trusclair"
Cc: latoshai@fvri.org; crt854; nbrwhc
Subject: Re: November Invoice
Attachments: WayCool Contract.pdf

Ms. Dora,

Charlene made us aware of your question concerning the online client database from WayCool Software, Inc. She said you wanted to know if we had a lease agreement. We have a signed contract which is attached.

If you have any further questions, please let me know.

Thanks,
Barbara

--
Barbara J Thomas
Director, The Women's Help Center/LA Alliance For Life
22S-359-9001 O
225-355-2742 F

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Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system. If you are not the intended recipient you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited.

Accounting/Bookkeeping \$ 1304.86

Latosha Isaac

1175 Lakemont Dr.
Baton Rouge, LA
70816

0 · 0

Invoice

Date	Invoice #
11/15/2017	33

Bill To	
Louisiana Alliance For Life	1 ,
Family Values Resource Institute, Inc	1 ,
7515 Scenic Highway	
Baton Rouge, LA 70807	0 0 2
	2 ,

Description	Amount
Bookkeeping Services 11/1/17 - 11/15/17✓	1,646.57
Total	\$1,646.57



Transactions Details

Posting Date	11/14/2017
Transaction Date	11/14/2017
Description	PAYROLL PAYCHEX INC. 111417
Transaction Type	Debit
T/C	0036
Amount	\$1,646.57
Balance	

Accounting / Bookkeeping \$1304.84

Latosha Isaac

1175 Lakemont Dr.
Baton Rouge, LA
70816

Invoice

Date	Invoice #
11/30/2017 ✓	34

Bill To

Louisiana Alliance For Life
Family Values Resource Institute, Inc
7515 Scenic Highway
Baton Rouge, LA 70807

Description	Amount
Bookkeeping Services - 11/16/17 - 11/30/17 ✓	1,646.57
Total	\$1,646.57

Amount Due (\$1304.80)

Hancock WHITNEY

Transactions Details

Posting Date	11/29/2017
Transaction Date	11/29/2017
Description	PAYROLL PAYCHEX INC. 112917
Transaction Type	Debit
T/C	0036
Amount	\$1,646.57
Balance	

Resource & Fund Development, LLC

5525 Superior Drive, Ste. C2
Baton Rouge, LA 70816

Public Relations **Invoice**

Date	Invoice #
12/6/2017	70

Bill To
FVR/ 7515 Scenic Highway Baton Rouge, LA 70807

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	Public Relations activities for November 2017: * Scheduled several appointments with Sarah of nola.com. * Met with Ashley on several occasions of nola.com. * Responded to Ashley's emails	800.00	800.00
			Total \$800.00

Resource & Fund Development, LLC
5525 Superior Drive, Ste. C2
Baton Rouge, LA 70816

Evaluation

Invoice

Date	Invoice #
12/6/2017	69

Bill To
FVRI 7515 Scenic Highway Baton Rouge, LA 70807

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	<p>Evaluation Activities for November 2017</p> <ul style="list-style-type: none">Requested data from subcontractors and reminded them of deadline.Reminded subcontractors to complete the client service forms.Responded to subcontractors' emails.Responded to subcontractors telephone calls.Checked for subcontractors' data on database.Checked for subcontractors, whose data was not on the Number of Women Who Commit to Full-Term Pregnancy, report.Entered data on TANF database.Called Barbara Thomas that data had been entered on TANF database.Emailed and called Michael Ferris that data was complete and ready for approval.Sent email to Barbara and Michael re year-to-date performance indicators, and suggestions for corrective actions.	900.00	900.00
			Total \$900.00

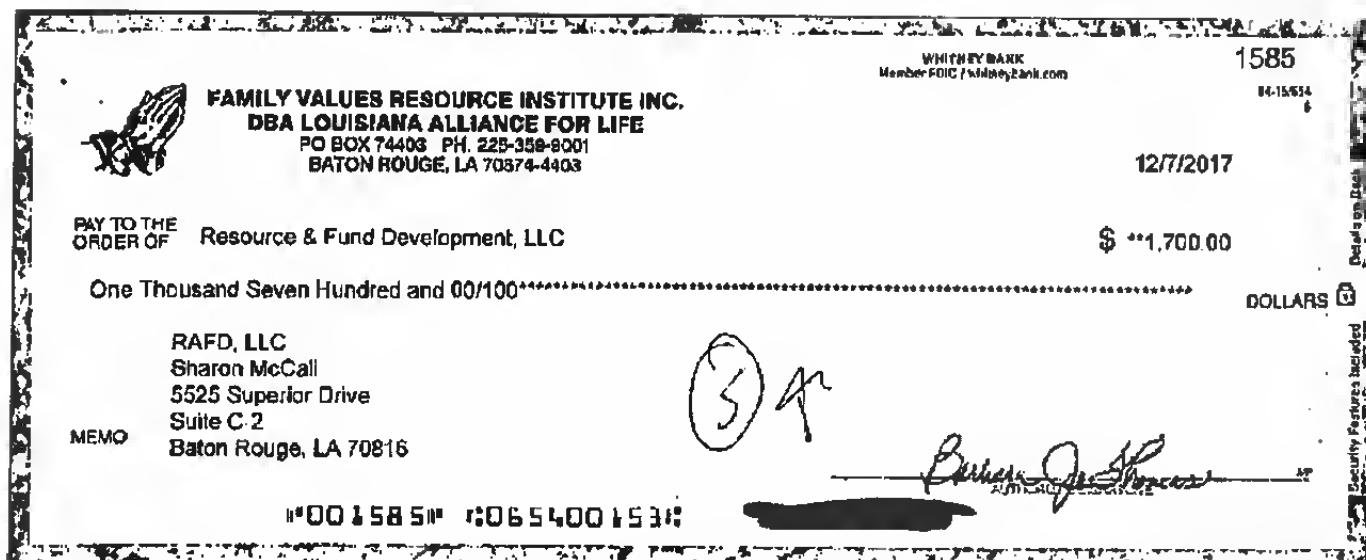
Evaluation \$900.00 & Public Relations \$800.00



Transactions Details

Posting Date	12/11/2017	
Transaction Date	12/11/2017	
Description	DDA CHECK 0000001585	
Transaction Type	Debit	
T/C	0075	
Amount	800.00 + 900.00 +	\$1,700.00
Balance	002 1,700.00 G+	

Front Back



Salvation \$900.00 to Public Relations \$800.00

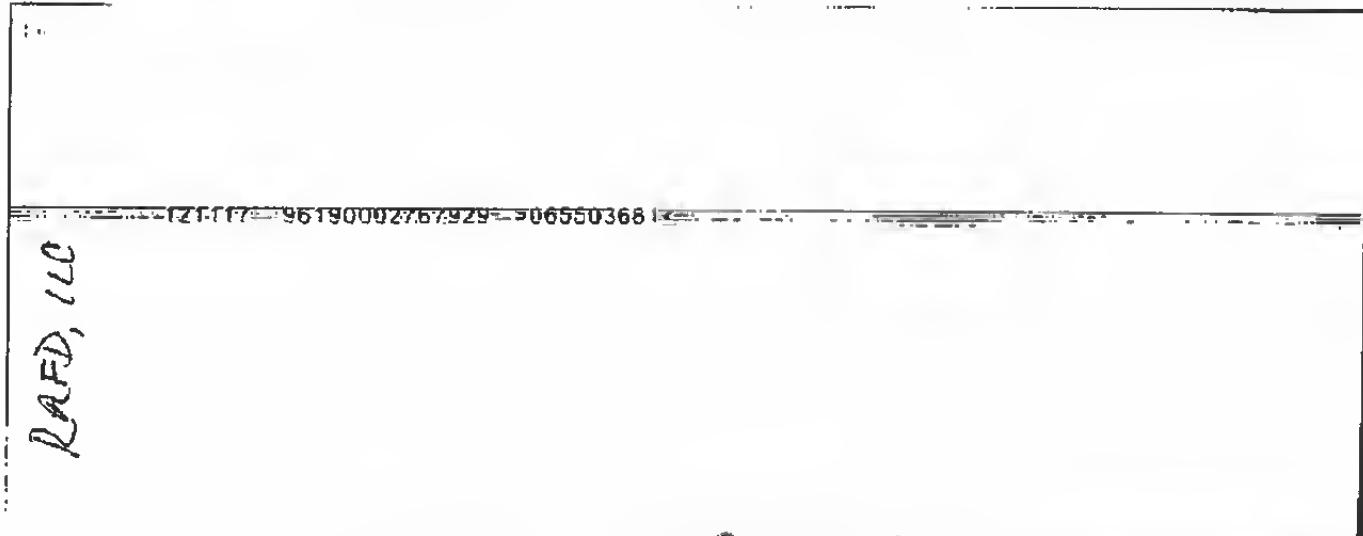
 Hancock  WHITNEY

Transactions Details

Posting Date	12/11/2017
Transaction Date	12/11/2017
Description	DDA CHECK 0000001585
Transaction Type	Debit
T/C	0075
Amount	\$1,700.00
Balance	

Front

Back



Insurance: Professional Liability \$000.81

ACCOUNT NUMBER
900 - 5143581
Refer to this number on all correspondence
CUSTOMER ID

Q00797820170620

BILLING STATEMENT

FIRST INSURANCE* FUNDING

A WINTRUST COMPANY

FIRST Insurance Funding
450 Skokie Blvd, Ste 1000
Northbrook, IL 60062-7917
Phone: (800) 837-2511 Fax: (800) 837-3708
www.firstinsurancefunding.com

NOTICE DATE
11/17/2017
INSTALLMENT DUE DATE

12/06/2017

Insured

FAMILY VALUES RESOURCE INSTITU
POST OFFICE BOX 74403
BATON ROUGE, LA 70874

Agent/Broker INSURANCE ONE AGENCY, L.C
Phone. (972) 267-8000

Previous Account Balance	\$ 1,774.26
Payments/Adjustments	\$ (363.66)
Fees and Other Charges	\$ 11.00
Current Account Balance	\$ 1,421.60
Past Due Amount	\$ 0.00
Current Installment Amount	\$ 352.66
Service Fee	\$ 11.00
Total Amount Due	\$ 363.66

Any Past Due Amount is due immediately.

Check your account online. Your username is "900-5143581".

- If you mail your payment please allow 7-10 days mailing time to ensure timely application of your payment.
- Failure to pay past due amounts and your current installment amount may result in cancellation of your insurance coverage.
- If you have any questions concerning your insurance coverage, or if changes to your policies are needed, please contact your agent or broker listed above
- DIRECT DEBIT - If you are enrolled in Direct Debit, the Total Amount Due will be automatically deducted from your bank account on the Installment Due Date
- You may pay online or by phone. Our contact information is listed at the top of this statement
- **Overnight delivery payments ONLY may be sent to the address listed at the top of this statement. All other payments should be sent to the addressee listed on the Remittance Stub.**

Please visit our website to check your account, make a payment, change your address and view documents online!

www.firstinsurancefunding.com

Thank you for allowing us to be of service! We appreciate your business
20015468

FIFCBILL0912

FIRST INSURANCE* FUNDING

A WINTRUST COMPANY

Please make check payable and mail to:
FIRST Insurance Funding
PO Box 7000
Carol Stream, IL 60197-7000

Have you moved? Please
check this box and print your
new address on the back.

REMITTANCE STUB
Please detach and return this portion with your payment.

NOTICE DATE	11/17/2017
ACCOUNT NUMBER	900 - 5143581
CURRENT INSTALLMENT DUE DATE	12/06/2017
TOTAL AMOUNT DUE:	\$ 363.66
AMOUNT ENCLOSED:	\$ _____

Insured

FAMILY VALUES RESOURCE INSTITU
POST OFFICE BOX 74403
BATON ROUGE, LA 70874

90000000514358100000036366

Professional Liability / Malpractice Insurance Charge (1st Insurance) - Breakout

Personnel Services

Position/Title	Employee Name	Total Salary	% to Contract	Monthly Salary	Professional Liability Rate 1.55%	Bill To Grant
Project Director	Barbara Thomas	4,166.67	90%	3,750.00	1.55%	\$8.13
Project Administrator	Michael Ferris	2,916.66	80%	2,333.33	1.55%	36.17
Compliance Coordinator	Talisha Davis	2,916.66	70%	2,041.66	1.55%	31.65
Education Specialist	Allison Davis	2,083.33	100%	2,083.33	1.55%	32.29
Data Entry/Care Provider	Patricia Brown	2,083.33	100%	2,083.33	1.55%	32.29
Client Svcs Coord/Care Provider	Shirley Walker	2,083.33	100%	2,083.33	1.55%	32.29
					\$ 222.81	

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 36 • 17 +
 31 • 65 +
 32 • 29 +
 32 • 29 +
 32 • 29 +

0 0 6

2 2 2 • 8 2 6 +

Maintenance: Janitorial

Willing Mind Janitorial Service, LLC.

P. O. Box 1773
Prairieville, LA 70769
(225) 677-9839
wmjanitorial@yahoo.com



INVOICE

BILL TO

Barbara J. Thomas
Family values Resource
Institute, Inc.
7515 Scenic Highway
Baton Rouge, La. 70807

INVOICE # 2508
DATE 12/05/2017
DUE DATE 12/20/2017
TERMS Net 15

ACTIVITY	AMOUNT
Services Monthly Janitorial Service - November	757.00
BALANCE DUE	\$757.00

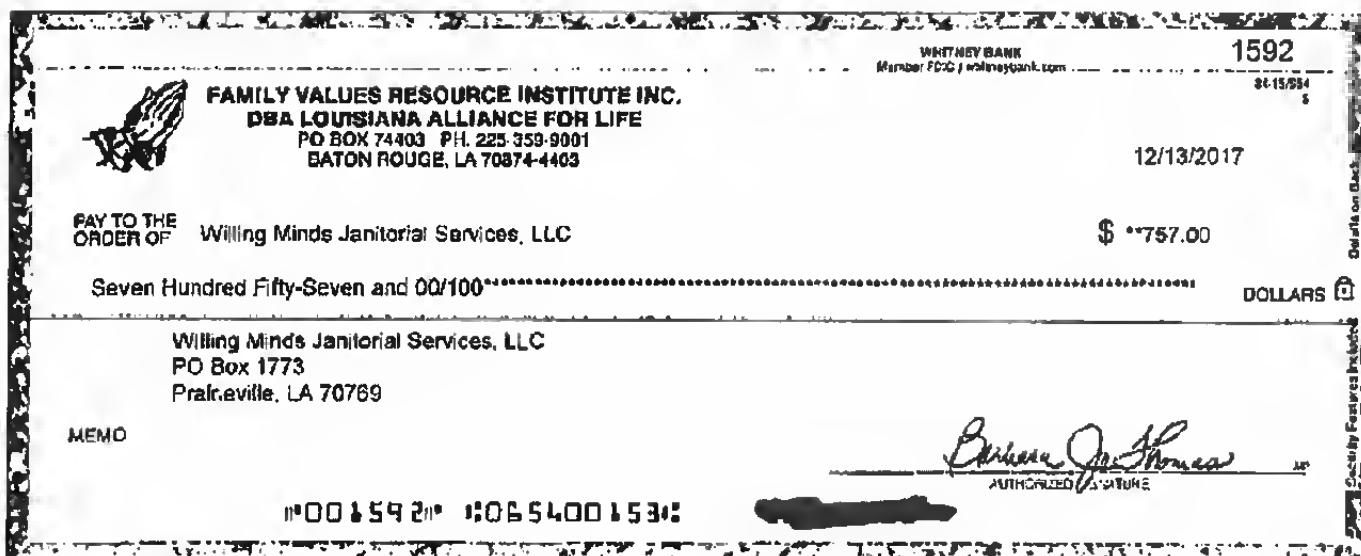


Hancock WHITNEY

Transactions Details

Posting Date	12/13/2017
Transaction Date	12/13/2017
Description	DDA CHECK 0000001592
Transaction Type	Debit
T/C	0075
Amount	\$757.00
Balance	

Front Back





Transactions Details

Posting Date	12/13/2017
Transaction Date	12/13/2017
Description	DDA CHECK 0000001592
Transaction Type	Debit
T/C	0075
Amount	\$757.00
Balance	

Front Back

121317 - <

John [Signature]

PAYCHEX**NOTICE OF AUTOMATIC PAYMENT**

Paychex of New York LLC
 4324 South Sherwood Forest Blvd Suite 125
 Baton Rouge LA 70816

Client # 0060 0060-T846
 Invoice # 2017113000

AUTOMATIC PAYMENT \$237.78**ADDRESS SERVICE REQUESTED**

0060 0060-T846
 Family Values Resource Institute Inc
 Institute Inc
 Po Box 74403
 Baton Rouge, Louisiana 70874-4403

This amount will be deducted from the
 following bank account at or after 12:01 A.M.
 on 12/11/17.

XXXX0000

Electronic Payroll Transaction Fees \$215.11

For questions regarding your account, please call (225) 291-7773

Page 1 of 1

ACCOUNT SUMMARY			
			AMOUNT
Previous Balance on Invoice#2017102600 Due 11/13/17			248.78
Payment Received - Thank You			-248.78
Balance Forward			0.00
Total New Charges			237.78
Account Balance (Includes Balance Forward, New Charges, and Pending Automatic Payments)			237.78
CHECK DATE	DESCRIPTION OF SERVICE	PROCESSING DATE	# TRANSACTIONS
	NEW CHARGES		
11/15/17	Payroll/Taxpay® Direct Deposit	11/13/17	14 8
11/30/17	Payroll/Taxpay® Direct Deposit	11/27/17	8 8
	Total New Charges		
	Automatic Payment (Includes New Charges and applicable credits from Balance Forward above)		237.78
Payroll/Taxpay Includes: Payroll Processing, Extra Payroll Reports			

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 20 • 60 +
 66 • 26 +
 20 • 60 +

004

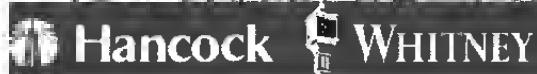
237 • 786 +

0060 0060-T846

Ice Date : 11/30/17

Billing Period: 10/27/17 to 11/30/17

Invoice# 2017113000



Electronic Fund Transaction Fees \$25

Transactions Details

Posting Date	12/11/2017
Transaction Date	12/11/2017
Description	INVOICE PAYCHEX EIB 121117
Transaction Type	Debit
T/C	0036
Amount	\$237.78
Balance	

Equipment: ✓ Laptop

{ 1 - Compliance
{ 1 - Client Services }



Welcome to Best Buy #495
5913 BLUERONNET BLVD
BATON ROUGE, LA 70836
(225) 761-8032

Val #: 000142-135893-475700-400126-690040-138

0495 051 1442 11/20/17 19:17

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6112001	80XMM00GRUS	529.99 ✓
LENOVO IDEAPAD 320 17 - 80XMM00GRUS		
/Sales Tax	53.00 ✓	399.99 ✓
6090904	15-BS013DX	
HP LAPTOP 15-BS013DX		
449.99 Was Price		
50.00 - Sale Discount	40.00 ✓	
/Sales Tax	14.99	
1297054	910-001675	
M310 WIRELESS DARK SILVER		
19.99 Was Price		
5.00 - Sale Discount		
Sales Tax	1.50	
9359343	910-004277	
M310 WIRELESS BLACK		
19.99 Was Price		
5.00 - Sale Discount		
Sales Tax	1.50	
	Subtotal	959.96
	Sales Tax	96.00
	Total	1055.96

*****9477 Chiphead USD\$ 1055.96

US DEBIT - DEBIT
THOMAS II/CHARLES R
Approval 860772
Verified By PIN

MODE: Issuer

AID: A000000980840

Reference Number: 51119172920008

Other Savings: 60.00
Total Savings: 60.00

Chase OnlineFriday, December 15, 2017

Equipment \$1,000.00

Search Results BUSINESS CLASSIC (...8002)**Transaction type:** All Transactions**Date range:** 11/20/2017 - 11/24/2017**Amount range:** \$1055.96 - \$1055.96Search Results 1 - 1

Date	Type	Description	Debit	Credit
11/20/2017	Debit Card Transaction	BEST BUY #495 BATON ROUGE LA 11/20	\$1,055.96	

© 2017 JPMorgan Chase & Co

Subcontractor Payments

 Hancock WHITNEY

Transactions Details

Posting Date	12/14/2017
Transaction Date	12/14/2017
Description	PAYCHEX INC.
Transaction Type	Debit
Amount	\$15,400.00
0 • C	

1 • 200 • 00 +
3 • 200 • 00 +
2 • 200 • 00 +
3 • 200 • 00 +
3 • 200 • 00 +
2 • 400 • 00 +

106

15 • 400 • 00 G+

Louisiana

Monthly Report Check List

Subcontractor

Alliance for Life

Subcontractor	Date Received	Client Services	Amount
Crossroads Pregnancy Resource Center Michele Beary 985-446-5004 (o) 985-859-9907 (c)	12/13/17	71	\$1,200.00 ✓
Life Choices of North Central Louisiana Kathleen Richard 318-255-7377 (o) 225-237-1760 (c)	12/5/17	355.5	\$3,200.00 ✓
Pregnancy Problem Center Frances Coleman 225-924-1400 (o)	11/30/17	158.5	\$2,200.00 ✓
Woman's New Life Center – Baton Rouge Allison Millet 225-218-4862 (o) 504-301-7573 (c)	12/1/17	7.5	\$1,200.00 ✓
Woman's New Life Center – Metairie Allison Millet 504-469-0212 (o) 504-301-7573 (c)	12/6/17	7	\$1,200.00 ✓
Women's Center of Lafayette Michela Camel 337-289-9366 (o)	12/7/17	329.5	\$3,200.00 ✓
Women's Help Center Barbara Thomas 225-359-9001 (o) 225-324-7013 (c)	12/5/17	307	\$3,200.00 ✓
>> NOVEMBER 2017 >>	TOTAL Dollar Amount >>>>		\$15,400.00

Please Verify
T. Subs

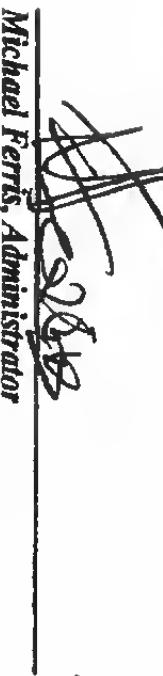


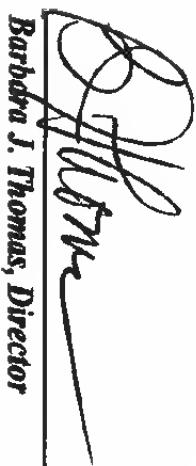
Monthly Report Approval

Month: NOVEMBER 2017

Client Service Points / Amount	7.5	\$1,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$1,200.00

APPROVED BY:


Michael Ferris, Administrator


Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

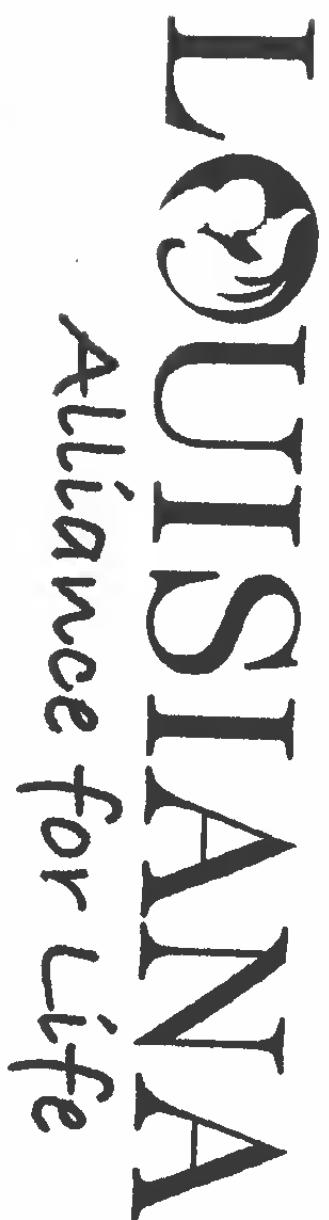
Subcontractor Name: **LOUISIANA ALLIANCE FOR LIFE**
 Contract Month: **July 2017**
 Phone Number: **225-342-1000**

Address: **1000 St. Charles Avenue, Suite 100, New Orleans, LA 70130**
 Email: **info@lafol.org**

ELIGIBLE SERVICES (3 points)			
Pregnancy Testing	2		
New clients who took a pregnancy test and commit to full-term pregnancy			
Pregnancy Retest			
Returning clients who retested and commit to full-term pregnancy			
Adoption Education counseling or informational sessions			
Male-Adoption Education			
Abortion Prevention Education counseling or informational sessions			
Male-Abortion Prevention Edu.			
Abstinence Education counseling or informational sessions			
Male-Abstinence Education			
Parenting Information counseling or informational sessions			
Male-Parenting Information			
REFERRALS (1/2 Points)			
1 Adoption Agency		0	
2 Adult Education/GED		0	
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)		0	
7 OB/GYN	1	0.5	1
8 Premarital/Marriage Counseling		0	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing		0	
14 WIC		0	
15 Public Assistance		0	
OTHER SERVICES (1/2 points)			
Client Parenting/Prenatal Classes (#classes x total # participants)		0	
Male Prenatal/Parenting Classes (#classes x total # participants)		0	
Follow Up - Pregnancy Decisions	2	4	
Follow Up - Pregnancy Outcomes		0	
	5		1
	2	4.5	1
			TOTAL
			6
			7.5

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Service	Rebributes - Item #
Total Monthly Points	
2000	133,000
2000	133,000
300+	33,000



Monthly Report Approval

Month: NOVEMBER 2017

Subcontractor: Pregnancy Problem Center

	Points	Dollar Amount
Client Service Points / Amount	158.5	\$2,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$2,200.00

APPROVED BY:


Michael Perez
Administrator


Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Family Life Federation/Pregnancy Problem Center	PROGRAM NAME:	Louisiana Alliance for Life
CONTACT NAME:	Frances Broussard	PROGRAM LOCATION:	
PHONE NUMBER:	225-924-3400	SERVICE PERIOD:	Nov 2017 - DATE: 11/30/2017

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	TOtal TANF Eligible Clients Served	REFERRAL FOLLOW UP (1 POINT)		REFERRAL TOTAL CLIENTS
		Referral Points	Follow Up (1 Point)	
Pregnancy Testing	4			
New clients who took a pregnancy test and commit to full-term pregnancy	3			
Pregnancy Retest	1			
Returning clients who retested and commit to full-term pregnancy	1			
Adoption Education counseling or informational sessions	5			
Male-Adoption Education	1			
Abortion Prevention Education counseling or informational sessions	5			
Male-Abortion Prevention Edu.	1			
Abstinence Education counseling or informational sessions	5			
Male-Abstinence Education	1			
Parenting Information counseling or informational sessions	3			
Male-Parenting Information				
REFERRALS (1/2 Point)	TOtal TANF Eligible Clients Served	Referral Points	Follow Up (1 Point)	REFERRAL TOTAL CLIENTS
1 Adoption Agency		0		
2 Adult Education/GED		0		
3 Employment		0		
4 Food/Clothing		0		
5 Housing		0		
6 Medicaid (NOT certified app. centers)	4	2	9	
7 OB/GYN	4	2	9	
8 PreMarital/Marriage Counseling		0		
9 Professional Counseling		0		
10 Rape Crisis Center		0		
11 Rent/Utilities		0		
12 SNAP/FITAP		0		
13 STD/HIV Testing	5	2.5		
14 WIC	4	2	10	
15 Public Assistance		0		
OTHER SERVICES (2 points)	TOtal TANF Eligible Clients Served	Other Services Points	Follow Up (1 Point)	REFERRAL TOTAL CLIENTS
Client Parenting/Prenatal Classes (#classes x total # participants)	6	12		
Male Prenatal/Parenting Classes (#classes x total # participants)				
Follow Up - Pregnancy Decisions	15	30		
Follow Up - Pregnancy Outcomes	4	8		
	0	0		
TOTAL POINTS	72	58.5	28	158.5

VITAMIN ANGELS INVENTORY

MUST BE COMPLETED MONTHLY

Date	11/30/2017
Beginning Inventory	76
# Clients Served	4
Amount Distributed	8
Amount Remaining	68

7

Services Reimbursement	
Total Monthly Points	
1-149	\$1,200
150-299	\$2,200
300+	\$3,200

LOUISIANA ALLIANCE FOR LIFE Subcontractor Monthly Services Report

Subcontractor: Pregnancy Problem Center

Services Month: Oct. 2017

Date: 10/31/2017

PARENTING-PRENATAL CLASSES

Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual). For Individual sessions, use the last column to indicate the chart # of the TANP eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated.



Monthly Report Approval

Month: NOVEMBER 2017

Subcontractor	Women's Center of Lafayette	Points	Dollar Amount
Client Service Points / Amount		329.5	\$3,200.00
Client Service Reports/documentation		YES	
TOTAL Dollar Amount Paid	>>>>		\$3,200.00

APPROVED BY:


Michael Ferris, Administrator


Barbara F. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

CONTRACTOR NAME	Women's Center of Louisiana	PROGRAM ID	LAJ-Sub-Agency
CONTACT NAME	Debra	PROJ ID	3581 - Women's Center
PHONE NUMBER	1-877-283-3333	SPRTY ID	No. 00002

Please submit supporting client services documentation which includes relevant LAJ Client Service Record, Client Intake Form, and LAJ Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)		TOTAL PAYABLE Eligible Clients Served
-----------------------------	--	------------------------------------------------

Pregnancy Testing	22	
New clients who took a pregnancy test and commit to full-term pregnancy	16	
Pregnancy Retest	0	
Returning clients who retested and commit to full-term pregnancy	0	
Adoption Education counseling or informational sessions	18	
Male-Adoption Education	5	
Abortion Prevention Education counseling or informational sessions	4	
Male-Abortion Prevention Edu.	2	
Abstinence Education counseling or informational sessions	18	
Male-Abstinence Education	5	
Parenting Information counseling or informational sessions	19	
Male-Parenting Information	4	

REFERRALS (1/2 Point)		Referrals Engaged Clients Served	Referrals Follow-up (1 point)	Referrals Follow-up (1 point) TOTAL CLIENTS
1 Adoption Agency	1	0.5		
2 Adult Education/GED	0	0		
3 Employment	0	0		
4 Food/Clothing	7	3.5		
5 Housing	2	1		
6 Medicaid (NOT certified opp. centers)	8	4		
7 OB/GYN	9	4.5		
8 PreMarital/Marriage Counseling	8	4		
9 Professional Counseling	3	1.5		
10 Rape Crisis Center	0	0		
11 Rent/Utilities	0	0		
12 SNAP/FITAP	11	5.5		
13 STD/HIV Testing	18	9		
14 WIC	14	7		
15 Public Assistance	0	0		

OTHER SERVICES (2 points)		Total PAYABLE Eligible Clients Served	Other Service Points	
Client Parenting/Prenatal Classes (#classes x total # participants)	7	14		
Male Prenatal/Parenting Classes (#classes x total # participants)	2	4		
Follow Up - Pregnancy Decisions	24	48		
Follow Up - Pregnancy Outcomes	55	110		

TOTAL SERVICES		282	0	282
TOTAL POINTS		113	216.5	329.5

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	11/30/2017
Beginning Inventory	119
# Clients Served	18
Amount Distributed	59
Amount Remaining	60

Service Reimbursement	
Total Monthly Points	
500	125
450	112.5
400	100
350	87.5

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

Subcontractor: The Womens Center of Lafayette

Services Month:

Date:

PARENTING/PRENATAL CLASSES

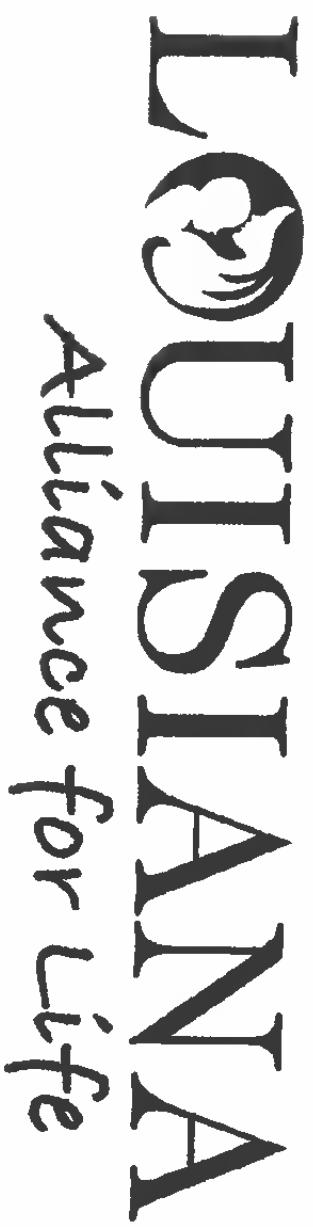
Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual). For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

Subcontractor: The Womens Center of Lafayette Services Month: November Date: 11/30/2017

COMMUNITY OUTREACH ACTIVITIES

i.e. health fairs, speaking engagements, walks for life, etc.



Monthly Report Approval

Month: NOVEMBER 2017

Subcontractor: Woman's New Life-Metairie	Points	Dollar Amount
Client Service Points / Amount	7	\$1,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$1,200.00

APPROVED BY:


Michael Fetner, Administrator


Barbara Thomas, Director

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

SUBCONTRACTOR NAME: Women's New Life Center
CONTACT NAME: Allison Miller
PHONE NUMBER: 304-496-0212

PROGRAM NAME: Louisiana Alliance for Life
PROGRAM LOCATION: New Orleans
Services Month: November 2012 - December 2012

Please submit supporting client service documentation which includes relevant LAI Client Service Records, Case Information Forms, and LAI Prenatal/Parenting Education Assistance forms to reimburse client.

ELIGIBLE SERVICES (1 point)		REFERRAL Eligible Clients Served
Pregnancy Testing	2	
New clients who took a pregnancy test and commit to full-term pregnancy		
Pregnancy Retest		
Returning clients who retested and commit to full-term pregnancy		
Adoption Education counseling or informational sessions		
Male-Adoption Education		
Abortion Prevention Education counseling or informational sessions		
Male-Abortion Prevention Edu.		
Abstinence Education counseling or informational sessions		
Male-Abstinence Education		
Parenting Information counseling or informational sessions	2	
Male-Parenting Information		

REFERRALS (1/2 Point)		Total # Referrals Served	REFERRAL POINTS	REFERRAL FOLLOWUP (2 POINTS) TOTAL CLIENTS
1 Adoption Agency				
2 Adult Education/GED		0		
3 Employment		0		
4 Food/Clothing		0		
5 Housing		0		
6 Medicaid (NOT certified app. centers)	2	1		
7 OB/GYN	2	1		
8 PreMarital/Marriage Counseling		0		
9 Professional Counseling		0		
10 Rape Crisis Center		0		
11 Rent/Utilities		0		
12 SNAP/FITAP		0		
13 STD/HIV Testing		0		
14 WIC	2	1		
15 Public Assistance		0		

OTHER SERVICES (2 points)		TOTAL # SERVED	Other Services Points	TOTAL CLIENTS
Client Parenting/Prenatal Classes (#classes x total # participants)				
Male Prenatal/Parenting Classes (#classes x total # participants)		0		
Follow Up - Pregnancy Decisions		0		
Follow Up - Pregnancy Outcomes		0		
TOTAL SERVICES	10		0	10
TOTAL POINTS	4		0	7

VITAMIN ANGELS INVENTORY

MUST BE COMPLETED MONTHLY

Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services	Reimbursement
Total Monthly Points	
4 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200



Monthly Report Approval

Month: NOVEMBER 2017

Subcontractor	Women's Help Center	Points	Dollar Amount
Client Service Points / Amount		307	\$3,200.00
Client Service Reports/documentation	YES		
TOTAL Dollar Amount Paid	>>>>		\$3,200.00

APPROVED BY:


Michael Ferris
Administrator


Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Women's Help Center	PROGRAM NAME:	Louisiana Alliance for Life
CONTACT NAME:	Pat Brown	PROGRAM LOCATION:	Blacksburg
PHONE NUMBER:	225-359-9001	SERVICES MONTH:	Nov-17

Please submit supporting client services documentation which includes relevant LAi Client Services Records, Case Information Forms, and LAi Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total TANF Eligible Clients Served
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Pregnancy Testing	24
New clients who took a pregnancy test and commit to full-term pregnancy	24
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education <i>counseling or informational sessions</i>	24
Male-Adoption Education	1
Abortion Prevention Education <i>counseling or informational sessions</i>	25
Male-Abortion Prevention Edu.	1
Abstinence Education <i>counseling or informational sessions</i>	19
Male-Abstinence Education	1
Parenting Information <i>counseling or informational sessions</i>	19
Male-Parenting Information	1

REFERRALS (1/2 Point)	Total TANF Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency		0	
2 Adult Education/GED		0	3
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)		0	
7 DB/GYN	19	9.5	18
8 PreMarital/Marriage Counseling	5	2.5	1
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing		0	17
14 WIC	14	7	14
15 Public Assistance		0	

OTHER SERVICES (2 points)	Total TANF Eligible Clients Served	Other Services Points	TOTAL
Client Parenting/Prenatal Classes <i>(#classes x total # participants)</i>	24	48	
Male Prenatal/Parenting Classes <i>(#classes x total # participants)</i>		0	
Follow Up - Pregnancy Decisions	12	24	
Follow Up - Pregnancy Outcomes	12	24	
TOTAL SERVICES	225	53	278
TOTAL POINTS	139	115	307

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
100-149	\$1,200
150-299	\$2,200
300+	\$3,200

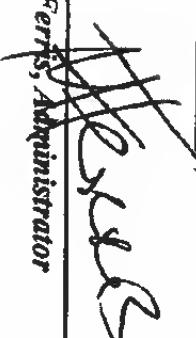


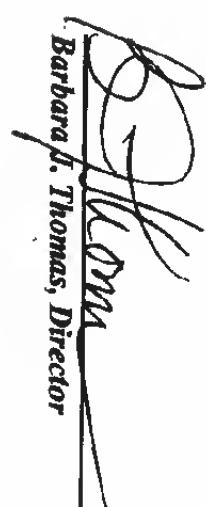
Monthly Report Approval

Month: NOVEMBER 2017

Subcontractor: Crossroads Pregnancy Resource Center		
	Points	Dollar Amount
Client Service Points / Amount	71	\$1,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$1,200.00

APPROVED BY:


Michael Ferris, Administrator


Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Louisiana Pregnancy Resource Center	PROGRAM NAME:	Young Adults in Crisis
CONTACT NAME:	Michelle Berry	PROGRAM LOCATION:	1619 N. 10th Street, Baton Rouge, LA 70802
PHONE NUMBER:	1-855-445-3004	MONTHS SERVED:	July 2017
Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.			

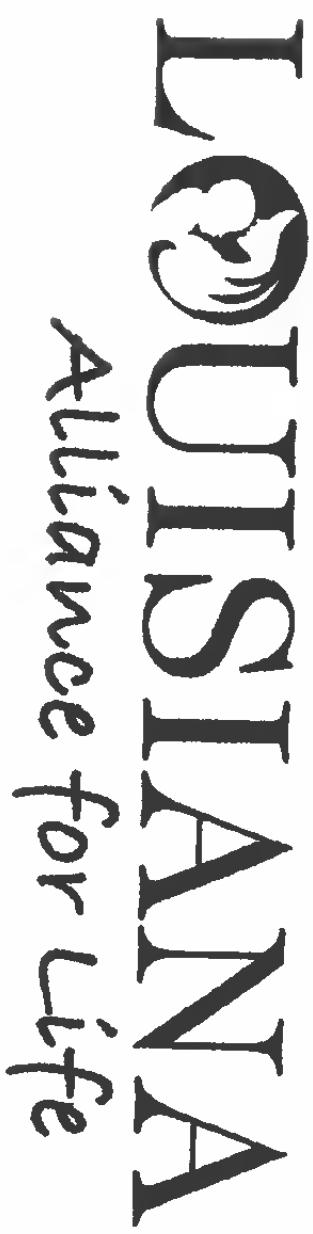
ELIGIBLE SERVICES (1 point)	ELIGIBLE CLIENTS SERVED
Pregnancy Testing	8
New clients who took a pregnancy test and commit to full-term pregnancy	4
Pregnancy Retest	0
Returning clients who retested and commit to full-term pregnancy	0
Adoption Education counseling or informational sessions	5
Male-Adoption Education	0
Abortion Prevention Education counseling or informational sessions	5
Male-Abortion Prevention Edu.	0
Abstinence Education counseling or informational sessions	7
Male-Abstinence Education	0
Parenting information counseling or informational sessions	8
Male-Parenting Information	0

REFERRALS (1/2 Point)	TO TANF ELIGIBLE CLIENTS SERVED	REFERRAL POINTS	REFERRAL FOLLOWUP (1 POINT) TOTAL CLIENTS
1 Adoption Agency	5	2.5	
2 Adult Education/GED	2	1	
3 Employment	5	2.5	
4 Food/Clothing	1	0.5	
5 Housing	1	0.5	
6 Medicaid (NOT certified app. centers)	7	3.5	
7 OB/GYN	8	4	
8 PreMarital/Marriage Counseling	0	0	
9 Professional Counseling	3	1.5	
10 Rape Crisis Center	0	0	
11 Rent/Utilities	0	0	
12 SNAP/FITAP	2	1	
13 STD/HIV Testing	7	3.5	
14 WIC	6	3	
15 Public Assistance	1	0.5	

OTHER SERVICES (2 points)	ELIGIBLE CLIENTS SERVED	OTHER SERVICES POINTS	
Client Parenting/Prenatal Classes (#classes x total # participants)	2	4	
Male Prenatal/Parenting Classes (#classes x total # participants)	1	2	
Follow Up - Pregnancy Decisions	2	4	
Follow Up - Pregnancy Outcomes	0	0	
TOTAL SERVICES	90	0	90
TOTAL POINTS	37	34	71

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	12/8/2017
Beginning Inventory	96
# Clients Served	4
Amount Distributed	8
Amount Remaining	88

Services Reimbursement	
Total Monthly Points	
1-149	\$1,200
150-299	\$2,200
300+	\$3,200



Monthly Report Approval

Month: NOVEMBER 2017

Subcontractor: Life Choices of NC Louisiana		
	Points	Dollar Amount
Client Service Points / Amount	355.5	\$3,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$3,200.00

APPROVED BY:

Michael Ferris
Administrator

B. J. Thomas
Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

SUBCONTRACTOR NAME: Life Choices of North Central Louisiana
CONTACT NAME: Kathleen Richard, LMSW
PHONE NUMBER: 1800-251-7783

PROGRAM NAME: Louisiana Alliance for Life
PROGRAM LOCATION: Boston, LA
SERVICE MONTH: May 17
DATE: 12-29-03

REVENUE SUPPORT: Client Services Revenue
 Client Services Revenue
 Client Services Revenue
 Client Services Revenue

ELIGIBLE SERVICES (1 point)	ELIGIBLE CLIENTS SERVED
Pregnancy Testing	24
New clients who took a pregnancy test and commit to full-term pregnancy	17
Pregnancy Retest	0
Returning clients who retested and commit to full-term pregnancy	0
Adoption Education counseling or informational sessions	15
Male-Adoption Education	7
Abortion Prevention Education counseling or informational sessions	18
Male-Abortion Prevention Edu.	7
Abstinence Education counseling or informational sessions	10
Male-Abstinence Education	7
Parenting Information counseling or informational sessions	61
Male-Parenting Information	11

TOTAL FAF
Eligible Clients Served

REFERRALS (1/2 Point)	Referral Points	REFERRAL FORWARD OF (1 POINT) TOTAL CLIENTS
1 Adoption Agency	0	
2 Adult Education/GED	0	
3 Employment	3	1.5
4 Food/Clothing		0
5 Housing	1	0.5
6 Medicaid (NOT certified app. centers)	16	8
7 OB/GYN	23	11.5
8 PreMarital/Marriage Counseling	1	0.5
9 Professional Counseling	3	1.5
10 Rape Crisis Center		0
11 Rent/Utilities		0
12 SNAP/FITAP		0
13 STD/HIV Testing	22	11
14 WIC	12	6
15 Public Assistance		0

TOTAL FAF
Eligible Clients Served

OTHER SERVICES (2 points)	Eligible Clients Served	Points	TOTAL
Client Parenting/Prenatal Classes (#classes x total # participants)	5	10	
Male Prenatal/Parenting Classes (#classes x total # participants)	6	12	
Follow Up - Pregnancy Decisions	17	34	
Follow Up - Pregnancy Outcomes	13	26	
TOTAL POINTS	299	56	355
TOTAL POINTS	177	122.5	355.5

VITAMIN ANGELS INVENTORY MUST BE COMPLETED MONTHLY	
Date	n/a
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1-149	\$1,200
150-299	\$2,200
300+	\$3,200

**LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report**

Subcontract: Life Choices of North C Services Month: November 2017 Date: Dec 4, 2017

PARENTING/PRENATAL CLASSES

Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual). For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

Subcontractor: Life Choices of North Central La **Services Month:** Nov-17 **Date:** 12/5/2017

COMMUNITY OUTREACH ACTIVITIES

i.e. health fairs, speaking engagements, walks for life, etc.